No. **C 168817**	**Due no later than Sep 30, 2009** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** NORTH IDAHO EYE CLINICS, INC. BRIAN R MILLER 6616 BUFFALO GRASS LN RATHDRUM ID 83858	SCOTT L POORMAN 8884 N GOVERNMENT WAY STE D HAYDEN ID 83835 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	BRIAN R MILLER	15630 N HWY 41	RATHDRUM	ID	USA	83858

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 168817**	Signature: Brian Miller Name (type or print): Brian Miller	Date: 10/18/2009 Title: President

Processed 10/18/2009

* Electronically provided signatures are accepted as original signatures.