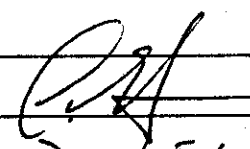


No. C 68289	Due no later than November 30, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX DANIEL E IWASA 915 THIRD AVENUE NORTH PAYETTE, ID 83661																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable PAYETTE VISION CLINIC, P.A. DANIEL E IWASA 915 THIRD AVE N PAYETTE, ID 83661		3. New Registered Agent Signature 																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Daniel Iwasa</td> <td>915 3RD AVE N</td> <td>Payette</td> <td>ID</td> <td>83661</td> </tr> <tr> <td>Secretary</td> <td>Yvonne Iwasa</td> <td>915 3RD AVE N</td> <td>Payette</td> <td>ID</td> <td>83661</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	President	Daniel Iwasa	915 3RD AVE N	Payette	ID	83661	Secretary	Yvonne Iwasa	915 3RD AVE N	Payette	ID	83661
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Secretary	Yvonne Iwasa	915 3RD AVE N	Payette	ID	83661																
5. Organized Under the Laws of: IDAHO C 68289		6. Signature  _____ Date <u>10/9/06</u> Name (Typed or Printed) <u>Daniel E Iwasa</u> Title <u>President</u>																			

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