

No. C 139038		Due no later than May 31, 2011 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		1. Mailing Address: Correct in this box if needed. PRIMARY EYECARE, INC. MAGALY MURRAY 10454 OVERLAND RD BOISE ID 83709		RICHARD C MURRAY 10454 OVERLAND RD BOISE ID 83709			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> 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	MARILYN MURRAY	3491 N. MAPLESTONE AVE.	MERIDIAN	ID	USA	83646	
DIRECTOR	TOM MURRAY	3491 N. MAPLESTONE AVE.	MERIDIAN	ID	USA	83646	
SECRETARY	MAGALY MURRAY	3491 N. MAPLESTONE AVE.	MERIDIAN	ID	USA	83646	
PRESIDENT	RICHARD C MURRAY	3491 N. MAPLESTONE AVE.	MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of: ID C 139038		6. Annual Report must be signed.* Signature: Richard C. Murray Name (type or print): Richard C. Murray					
		Date: 05/30/2011 Title: President					
Processed 05/30/2011 * Electronically provided signatures are accepted as original signatures.							