

No. <b>C 183215</b>		<b>Due no later than May 31, 2013</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  DR. PAUL E. KOCH, OPTOMETRIST, P.C. PAUL E. KOCH 476999 HWY 95 NORTH PONDERAY ID 83852 USA		DR PAUL E KOCH 476999 HWY 95 NORTH PONDERAY ID 83852			
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
PRESIDENT	PAUL E. KOCH	476999 HWY 95 NORTH		PONDERAY	ID	USA	83852
5. Organized Under the Laws of:  <b>ID</b> <b>C 183215</b>		6. Annual Report must be signed.* Signature: Paul E. Koch Name (type or print): Paul E. Koch Date: 03/19/2013 Title: President					
Processed 03/19/2013      * Electronically provided signatures are accepted as original signatures.							