No. <b>C 135320</b>		Due no later than Aug 31, 2010		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		Annual Report Form  1. Mailing Address: Correct in this box if needed.  IDAHO OPTOMETRIC PHYSICIANS, INC.  RUTH E HETHERINGTON  1016 E LOCUST ST  EMMETT ID 83617  USA		RUTH HETHERINGTON  1016 E LOCUST ST EMMETT ID 83617  3. New Registered Agent Signature:*			
4. Corporations: Enter Na	mes and Busin	ess Addresses of Preside	ent, Secretary, and Directors. Treasure	er (optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR	JAMES R DAVIS		2025 E 17TH ST	IDAHO FALLS	ID	USA	83404
DIRECTOR	MICAH S MILLS		1702 S. KIMBALL	CALDWELL	ID	USA	83605
PRESIDENT	WAYNE D ELLENBECKER		2140 W. RIVERSTONE DR. STE 1	COEUR D'ALENE	ID	USA	83814
DIRECTOR	L. WILL FAGAN		1801 N. 3RD ST.	COEUR D'ALENE	ID	USA	83814
DIRECTOR JARED P WALKER		ALKER	PO BOX 5098	TWIN FALLS	ID	USA	83303
DIRECTOR BRYCE THUESON		ESON	76 PROFESSIONAL PLAZA	REXBURG	ID	USA	83440
DIRECTOR	SARAH MAROSSY-HEMMINGSON		185 W 4TH AVE., STE A	POST FALLS	ID	USA	83854
DIRECTOR MELISSA BELL		3330 4TH STREET	LEWISTON	ID	USA	83501	
TREASURER	RUTH E HE	THERINGTON	1016 EAST LOCUST STREET	EMMETT	ID	USA	83617
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Ruth Hetherington		Date: 06/14/2010			
C 135320		Name (type or print): Ruth Hetherington		Title: Financial Sec.			
Processed 06/14/2010		* Electronically provided	l signatures are accepted as original si	gnatures.			