


<b>No. W 19278</b>	<b>Due no later than May 31, 2003</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>  WILLIAM T BLACK 420 E ELM ST  CALDWELL, ID 83605
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>	1. Mailing Address - Correct in this box, if applicable FAMILY EYECARE SPECIALISTS, PLLC WILLIAM T BLACK 420 E ELM ST  CALDWELL, ID 83605		3. <u>New</u> Registered Agent Signature
4. Limited Liability Companies: Enter Names and Addresses of Members.			
<u>Office held</u> William T. BLACK	<u>Name</u> William T. BLACK	<u>Street or P.O. Address</u> 2605 S Willowbrook	<u>City</u> Caldwell
			<u>State</u> ID
			<u>Zip</u> 83605
5. Organized Under the Laws of:  <div style="text-align: center;">             IDAHO              W 19278           </div>		6. Signature  Date <u>3-10-03</u>  Name <small>(Typed or Printed)</small> <u>William Black</u> Title <u>owner</u>	