

No. C 181175		Due no later than Dec 31, 2010 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. FAMILY EYE CARE OF OROFINO, P.A. RICK G LUNDGREN OD 180 MICHIGAN AVE OROFINO ID 83544 USA		RICK G LUNDGREN OD 180 MICHIGAN AVE OROFINO ID 83544			
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	
PRESIDENT	RICK G LUNDGREN OD	180 MICHIGAN AVE	OROFINO	ID	USA	83544	
5. Organized Under the Laws of: ID C 181175		6. Annual Report must be signed.* Signature: Rick G. Lundgren, O.D. Name (type or print): Rick G. Lundgren, O.D.					
		Date: 01/07/2011 Title: President					
Processed 01/07/2011 * Electronically provided signatures are accepted as original signatures.							