C

Fold, seal and mail this portion.

No. C 136505

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

**NO FILING FEE IF RECEIVED BY DUE DATE**

**Due no later than December 31, 2006**
**Annual Report Form**

1. Mailing Address - Correct in this box, if applicable

LAKE CITY OPHTHALMOLOGY, P.A.
ROBERT L MULVIHILL MD
2294 HAYDEN VIEW DR
COEUR D ALENE, ID 83815

2. Registered Agent and Office **NO PO BOX**

ROBERT L MULVIHILL MD
2294 HAYDEN VIEW DR
COEUR D ALENE, ID 83815

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

| Office held | Name | Street or P.O. Address | City | State | Zip |
|---|---|---|---|---|---|
| President, | Robert Mulvihill MD | 2294 Hayden View | Coeur d'Alene, | ID, | 83815 |
| Treasurer, | Susi Mulvihill MD, | 2294 Hayden View Dr, | Coeur d'Alene, | ID | 83815 |

5. Organized Under the Laws of:

IDAHO
C 136505

6.
Signature [signature] Date 10/24/06
Name (Typed or Printed) Robert Mulvihill Title President

Issued 10/02/2006

**Do Not Tape or Staple**

200612008883