| No. <b>C 176326</b>   |               | Due no later than Dec 31, 2013   | 2. Re        | 2. Registered Agent and Address (NO PO BOX)                           |       |         |             |  |
|---|---------------|--|--------------|---|-------|---------|-------------|--|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 |               | Annual Report Form   |              | JEFFREY P COLLINS OD  |       |         |             |  |
|   |               | 1. Mailing Address: Correct in this box if needed.  OREGON TRAIL EYE CARE, PC JEFFREY P COLLINS 152 S MAIN SODA SPRINGS ID 83276 |              | 152 S MAIN SODA SPRINGS ID 83276  3. New Registered Agent Signature:* |       |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE  |               | JSA  |              |   |       |         |             |  |
| 4. Corporations: Enter Names a  | nd Business A | Addresses of President, Secretary, and Directors. Treasu   | urer (optior | nal).   |       |         |             |  |
| Office Held Nam   | ne            | Street or PO Address   | City         | į   | State | Country | Postal Code |  |
| PRESIDENT JEFF  | FREY P COLL   | LINS PO BOX 54   | GEC          | RGETOWN   | ID    | USA     | 83239       |  |
| 5. Organized Under the Laws of:   |               | 6. Annual Report must be signed.*  |              |   |       |         |             |  |
| ID  |               | Signature: Jeffrey P Collins   |              | Date: 12/16/2013  |       |         |             |  |
| C 176326  |               | Name (type or print): Jeffrey P Collins  |              | Title: President  |       |         |             |  |
| Processed 12/16/2013  | * El          | * Electronically provided signatures are accepted as original signatures.  |              |   |       |         |             |  |