No. **C 79419**	**Due no later than Sep 30, 2012**	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 EYECARE CENTER, P.A. MARY ANN MUTO 1175 W. BOISE AVENUE BOISE ID 83706 USA	JOHN H. MUTO, O.D. 1175 W. BOISE AVENUE BOISE ID 83706 3. New 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
SECRETARY	MARY ANN MUTO	3146 N. 24TH WAY	BOISE	ID	USA	83702
PRESIDENT	JOHN H MUTO	3146 N. 24TH WAY	BOISE	ID	USA	83702

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 79419**	Signature: Mary Ann Muto	Date: 07/11/2012
	Name (type or print): Mary Ann Muto	Title: Secretary

Processed 07/11/2012

* Electronically provided signatures are accepted as original signatures.