FILED EFFECTIVE

No. C 121085	Reinstatement Annual Report Form ADMIN DISSOLVED 01/13/2012	2. Registered Agent and Office **(NOT A P.O. BOX)**
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	**1. Mailing Address: Correct in this box if needed.** EYE CARE ASSOCIATES OF COLE VILLAGE, P.A. JAMES W VAIL ~~3417 N COLE RD~~ 12050 CHINDEN RIDGE DR BOISE ID ~~83704~~ 83714 USA	J W VAIL ~~3417 N COLE RD~~ 12050 CHINDEN RIDGE DR BOISE ID ~~83704~~ 83714 3. New Registered Agent Signature.
REINSTATEMENT **FEE DUE:** $30.00		

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRES.	J.W. VAIL	12050 CHINDEN RIDGE DR.	BOI	ID	USA	83714
V. PRES	B.J. McGOLERY	310 2ND ST S.	NAMPA	ID	CANYON	83651
Sec'y	T.D. WINBIGLER	989 W. BEACON	BOI	ID	USA	83706

5. Organized Under the Laws of:

IDAHO
C 121085

6.

Signature: James W. Vail Date: 3/7/12

Name (type or print): JAMES W. VAIL Title: PRES.

Issued 02/09/2012 by KAH