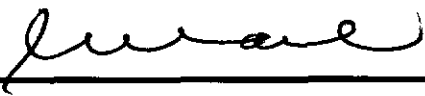


FILED EFFECTIVE

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 REINSTATEMENT FEE DUE: \$30.00	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.			
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	ADA	83714
V. PRES	B. J. MCGOWERY	310 2ND STS.	Nampa	ID	CAMP	83657
Sec'y	T.D. WINBIBLER	939 W. BEACON	BOI	ID	ADA	83706
5. Organized Under the Laws of: IDAHO C 121085		6. Signature:  Date: 8/7/12 Name (type or print): JAMES W. VAIL Title: PRES.				
Issued 02/09/2012 by KAH						