

No. <b>C 155429</b>		<b>Due no later than Jul 31, 2009</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  MADISON CLINIC OPTOMETRY, P.C. DALLIN HEINER 244 E MAIN REXBURG ID 83440 USA		DALLIN HEINER 244 E MAIN REXBURG ID 83440			
				3. <u>New</u> 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	
PRESIDENT	DALLIN HEINER	244 E MAIN	REXBURG	ID	USA	83440-2022	
5. Organized Under the Laws of:  <b>ID C 155429</b>		6. Annual Report must be signed.* Signature: Dallin Heiner Name (type or print): Dallin Heiner Date: 06/09/2009 Title: President					
Processed 06/09/2009		* Electronically provided signatures are accepted as original signatures.					