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|---|---------------|---|---------|--|---------|-------------|--|
| No. C 155429 | | Due no later than Jul 31, 2009 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. MADISON CLINIC OPTOMETRY, P.C. DALLIN HEINER 244 E MAIN REXBURG ID 83440 USA | | DALLIN HEINER 244 E MAIN REXBURG ID 83440 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 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: ID C 155429 | | 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. | | | | | | | |