

No. C 155429		Due no later than Jul 31, 2013		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. 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: ID C 155429		6. Annual Report must be signed.* Signature: Dallin Heiner Name (type or print): Dallin Heiner Date: 05/16/2013 Title: President					
Processed 05/16/2013		* Electronically provided signatures are accepted as original signatures.					