No. C 110201		Due no later than Apr 30, 2011			2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. HAYDEN VISION CENTER P.A. ROBERT SORENSEN 8445 GOVERNMENT WAY HAYDEN LAKE ID 83835			ROBERT A SORENSEN 8445 GOVERNMENT WAY HAYDEN LAKE ID 83835 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		oss Addresses of	Dresident Secretary and Directors T	roacuror (o	untional)			
Office Held Name		ess Addresses of	Street or PO Address	reasurer (C	City	State	Country	Postal Code
DIRECTOR PRESIDENT	DIRECTOR JENNIFER B SORENSEN		PO BOX 8 PO BOX 8		HAYDEN HAYDEN	ID ID	USA USA	83835 83835
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 110201		Signature: Robert A. Sorensen Name (type or print): Robert A. Sorensen			Date: 02/08/2011 Title: President			
Processed 02/08/2011 * Electronically provided signatures are accepted as original signatures.								