


<b>No. C 142421</b>	<b>Due no later than Feb 28, 2003</b> <b>Annual Report Form</b>	2. Registered Agent and Office <b>NO PO BOX</b>  DOUG OLSEN 4776 N FIVE MILE RD STE 103  BOISE, ID 83713																		
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>	1. Mailing Address - Correct in this box, if applicable  WEST BOISE VISION CLINIC, P.C. DOUG OLSEN OD 4776 N FIVE MILE RD STE 103  BOISE, ID 83713	3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Douglas Olsen</td> <td>4776 N Five mile Rd Ste 103</td> <td>Boise</td> <td>ID</td> <td>83713</td> </tr> <tr> <td>Secretary</td> <td>Karen <del>Brown</del> <sup>Brown</sup></td> <td>4776 N Five Mile Rd Ste 103</td> <td>Boise</td> <td>ID</td> <td>83713</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	President	Douglas Olsen	4776 N Five mile Rd Ste 103	Boise	ID	83713	Secretary	Karen <del>Brown</del> <sup>Brown</sup>	4776 N Five Mile Rd Ste 103	Boise	ID	83713
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5. Organized Under the Laws of:  IDAHO C 142421	6. Signature <u></u> Date <u>01-13-03</u> Name <small>(Typed or Printed)</small> <u>Douglas Olsen</u> Title <u>President</u>																			