

No. C 97113	Due no later than Dec 31, 2010 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. NORTH IDAHO EYE INSTITUTE, P.A. DE DE KAREN SINES 1814 LINCOLN WAY COEUR D'ALENE ID 83814 USA		DE DE KAREN SINES 1814 LINCOLN WAY COEUR D'ALENE ID 83814			
			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	PATRICK PARDEN	1814 LINCOLN WAY	COEUR D'ALENE	ID	USA	83814
SECRETARY	RODERICK KENT	1814 LINCOLN WAY	COEUR D'ALENE	ID	USA	83814
DIRECTOR	D JUSTIN STORMOGIPSON	1814 LINCOLN WAY	COEUR D'ALENE	ID	USA	83814
DIRECTOR	TAD BUCKLAND	1814 LINCOLN WAY	COEUR D ALENE	ID	USA	83814
5. Organized Under the Laws of: ID C 97113	6. Annual Report must be signed.* Signature: Karen Sines Name (type or print): Karen Sines		Date: 01/21/2011 Title: Administrator			
Processed 01/21/2011		* Electronically provided signatures are accepted as original signatures.				