

|  |               |  |        |  |         |             |  |
|--|---------------|--|--------|--|---------|-------------|--|
| No. <b>C 140817</b>  |               | <b>Due no later than Sep 30, 2013</b>  |        | <b>2. Registered Agent and Address (NO PO BOX)</b>             |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>CLEARVIEW EYE CLINIC, LTD.<br>BRENDA E HALEN<br>2500 W A STREET, SUITE 202<br>MOSCOW ID 83843<br>USA |        | DAVID B LEACH<br>2500 W A STREET, SUITE 202<br>MOSCOW ID 83843 |         |             |  |
|  |               |  |        | 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  | DAVID B LEACH | 2500 W A STREET, SUITE 202   | MOSCOW | ID   | USA     | 83843       |  |
| SECRETARY  | ANN LEACH     | 2500 W A STREET, SUITE 202   | MOSCOW | ID   | USA     | 83843       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 140817</b>  |               | 6. Annual Report must be signed.*<br>Signature: Brenda Halen<br>Name (type or print): Brenda Halen<br>Date: 07/18/2013<br>Title: Practice Administrator  |        |  |         |             |  |
| Processed 07/18/2013   |               | * Electronically provided signatures are accepted as original signatures.  |        |  |         |             |  |