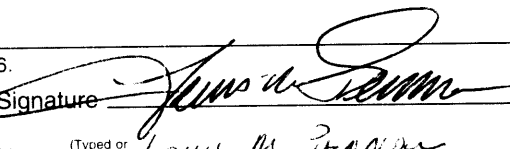


No. C 129904	Due no later than August 31, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable HOLLINGSHEAD EYE CENTER, P.C. MARK E. HOLLINGSHEAD, M.D. 360 W MALLARD DR STE 425 110 BOISE, ID 83706		MARK E. HOLLINGSHEAD, M.D. 360 E MALLARD DR # 425 110 BOISE, ID 83706		
			3. New Registered Agent Signature		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT	MARK E Hollingshead	360 E. MALLARD ST 110	BOISE	ID	83706
SECRETARY	LANA Hollingshead	360 E. MALLARD ST 110	BOISE	ID	83706
5. Organized Under the Laws of: IDAHO C 129904		6.  Signature _____ Date <u>06-20-06</u> Name (Typed or Printed) <u>LOUIS M. PEARSON</u> Title <u>Operations Manager</u>			

Issued 06/01/2006

Do Not Tape or Staple

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