

No. C 96437	Due no later than Oct 31, 2012 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) ROBERT D MAGWIRE 2312 CROMWELL DR ST MARIES ID 83861
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. PANHANDLE EYE CLINICS, CHARTERED ROBERT D MAGWIRE 704 COLLEGE AVE. ST. MARIES ID 83861 USA		3. <u>New</u> Registered Agent Signature.

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	ROBERT D. MAGWIRE	704 COLLEGE AVE.	ST. MARIES	ID	USA	83861
SECRETARY/ TREASURER	BARBARA J. MAGWIRE	2312 CROMWELL	ST. MARIES	ID	USA	83861

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO C 96437</div>	6. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%;"> Signature: <u>Robert D. Magwire</u> </td> <td style="width: 40%;"> Date: <u>8-25-12</u> </td> </tr> <tr> <td> Name (type or print): <u>ROBERT D. MAGWIRE</u> </td> <td> Title: <u>PRES.</u> </td> </tr> </table>	Signature: <u>Robert D. Magwire</u>	Date: <u>8-25-12</u>	Name (type or print): <u>ROBERT D. MAGWIRE</u>	Title: <u>PRES.</u>
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Issued 08/20/2012 by DK1
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