

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. New Registered Agent Signature.	
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.					
Office Held PRESIDENT	Name ROBERT D. MAGWIRE	Street or PO Address 704 COLLEGE AV.	City ST. MARIES	State ID	Country USA Postal Code 83861
SECRETARY/ TREASURER	BARBARA J. MAGWIRE	2312 CROMWELL	ST. MARIES	ID USA	83861
5. Organized Under the Laws of: IDAHO C 96437		6. 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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