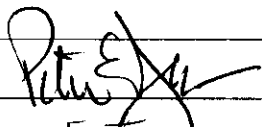
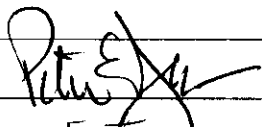
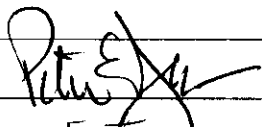


No. C 42829 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Sep 30, 2000 Annual Report Form 1. Mailing Address - Correct in this box, if applicable EYE PHYSICIANS OF IDAHO, P.A. 1615 12TH AVENUE ROAD NAMPA, ID 83651	2. Registered Agent and Office NO PO BOX PETER ERNEST JENSEN 626 VIEW WAY NAMPA, ID 83651 3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Peter Jensen</td> <td>626 View Way</td> <td>Nampa</td> <td>ID</td> <td>83686</td> </tr> <tr> <td>Secretary</td> <td>Jorge Martinez</td> <td>1615-12th Ave Rd Ste A</td> <td>Nampa</td> <td>ID</td> <td>83686</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	President	Peter Jensen	626 View Way	Nampa	ID	83686	Secretary	Jorge Martinez	1615-12th Ave Rd Ste A	Nampa	ID	83686
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5. Organized Under the Laws of: IDAHO C 42829	6. <table border="1"> <tr> <td>Signature <input checked="" type="checkbox"/></td> <td>Date</td> </tr> <tr> <td></td> <td>7-19-00</td> </tr> <tr> <td>Name <small>(Typed or Printed)</small></td> <td>Title:</td> </tr> <tr> <td>Peter E Jensen</td> <td>xxxx President</td> </tr> </table>		Signature <input checked="" type="checkbox"/>	Date		7-19-00	Name <small>(Typed or Printed)</small>	Title:	Peter E Jensen	xxxx President										
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