No. **C 180163**	**Due no later than Sep 30, 2012**	2. Registered Agent and Address **(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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** FAMILY EYE CENTER, P.A. RANDY NORRIS PO BOX 4590 MCCALL ID 83638 USA	RANDY NORRIS OD 319 DEINHARD LANE MCCALL ID 83638 3. New 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	RANDY NORRIS	PO BOX 4590	MCCALL	ID	USA	83638
PRESIDENT	BEN J JUDSON	PO BOX 4590	MCCALL	ID	USA	83638

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 180163**	Signature: Frances	Date: 08/01/2012
	Name (type or print): Frances	Title: Miller

Processed 08/01/2012

* Electronically provided signatures are accepted as original signatures.