No. C 131882		Due no later than Dec 31, 2009		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		MICHAEL L BAIRD				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. MICHAEL BAIRD OPTOMETRY, P.C. MICHAEL L BAIRD 5379 S 45TH E IDAHO FALLS ID 83406		5379 S 45TH E IDAHO FALLS ID 83406 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Nam	nes and Busin	ess Addresses of Pres	ident, Secretary, and Directors. T	reasurer ((optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
PRESIDENT MICHAEL L BAIRD		BAIRD	5379 S 45TH E		IDAHO FALLS	ID	USA	83406
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Michael L. Baird		Date: 10/28/2009				
C 131882		Name (type or print): Michael L. Baird		Title: President/CEO				
Processed 10/28/2009 * Electronically provided signatures are accepted as original signatures.								