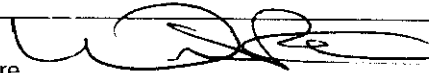


<b>No. W 19278</b>  Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Due no later than May 31, 2006</b> <b>Annual Report Form</b> <b>1. Mailing Address - Correct in this box, if applicable</b>  FAMILY EYECARE SPECIALISTS, PLLC WILLIAM T BLACK 420 E ELM ST CALDWELL, ID 83605	2. Registered Agent and Office <b>NO PO BOX</b>  WILLIAM T BLACK 420 E ELM ST CALDWELL, ID 83605  3. <u>New</u> Registered Agent Signature
--	---	--

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	William Black	420 E Elm	Caldwell	ID	83605

5. Organized Under the Laws of:  IDAHO W 19278	6.  Signature _____ Date <u>3/7/06</u>  Name <small>(Typed or Printed)</small> <u>William Black</u> Title <u>Owner</u>
---	---