

No. <b>C 114120</b>		<b>Due no later than Mar 31, 2006</b>		2. Registered Agent and Address <b>(NO PO BOX)</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> MERRELL EYECARE CENTER, P.A. (THE) MARSHALL MERRELL 3135 SOUTH 1400 WEST REXBURG ID 83440 0000		MARSHALL MERRELL 3135 SOUTH 1400 WEST REXBURG ID 83440 0000		
				3. <u>New</u> 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	MARSHALL H MERRELL	3135 SOUTH 1400 WEST	REXBURG	ID	USA	83440
SECRETARY	JAN S MERRELL	3135 SOUTH 1400 WEST	REXBURG	ID	USA	83440
5. Organized Under the Laws of:  <b>IDAHO C 114120</b>		6. Annual Report must be signed.* Signature: Marshall H Merrell Name (type or print): Marshall H Merrell  Date: 01/12/2006 Title: President				
Processed 01/12/2006		* Electronically provided signatures are accepted as original signatures.				