

No. C 131882

Due no later than December 31, 2008
Annual Report Form

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

**NO FILING FEE IF
RECEIVED BY DUE DATE**

1. Mailing Address - Correct in this box, if applicable

MICHAEL BAIRD OPTOMETRY, P.C.
MICHAEL L BAIRD
5379 S 45TH E
IDAHO FALLS, ID 83406

2. Registered Agent and Office NO PO BOX

MICHAEL L BAIRD
5379 S 4TH E
IDAHO FALLS, ID 83406

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President/CEO	Michael L Baird	5379 S 45th E	Idaho Fall	ID	83406

5. Organized Under the Laws of:

IDAHO
C 131882

6.

Signature

Name
(Typed or
Printed)

Michael L Baird

Date

10/18/08

Title

President/CEO