

No. C 140817		Due no later than Sep 30, 2008		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		1. Mailing Address: Correct in this box if needed. CLEARVIEW EYE CLINIC, LTD. WANDA L LOUIS 804 S WASHINGTON STE B MOSCOW ID 83843 USA		DAVID B LEACH 804 S WASHINGTON MOSCOW ID 83843			
				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	DAVID B LEACH	804 S WASHINGTON ST STE B	MOSCOW	ID	USA	83843	
SECRETARY	ANN LEACH	804 S WASHINGTON ST STE B	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of: ID C 140817		6. Annual Report must be signed.* Signature: David Leach Name (type or print): David Leach Date: 07/17/2008 Title: Owner/President					
Processed 07/17/2008		* Electronically provided signatures are accepted as original signatures.					