No. C 152029	Due no later than Dec 31, 2014	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form 1. Mailing Address: Correct in this box if needed. FAMILY VISION & EYE CARE, P.A. BILL R WILLIAMS PO BOX 615 RUPERT ID 83350	BILL R WILLIAMS 714 G ST RUPERT 83350 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE					
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
SECRETARY TODD G S PRESIDENT BILL R WII		RUPERT RUPERT	ID ID	USA USA	83350 83350
5. Organized Under the Laws of:	nized Under the Laws of: 6. Annual Report must be signed.*				
ID	Signature: Bill R Williams	Date: 12/23/2014			
C 152029	Name (type or print): Bill R Williams	Title: President			
Processed 12/23/2014	* Electronically provided signatures are accepted as original signatures.				