

No. C 100188		Reinstatement Annual Report Form ADMIN DISSOLVED 02/04/2010		2. Registered Agent and Office (NOT A P.O. BOX) CHARLES C GEORGE 307 S FIRST AVE SANDPOINT ID 83864	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  EYE CLINIC OF SANDPOINT, P.A. CHARLES C GEORGE, M.D. 307 S FIRST AVE SANDPOINT ID 83864		3. New Registered Agent Signature.	
REINSTATEMENT FEE DUE: \$30.00					
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
President	Charles C. George	307 S 1st	Sandpoint	ID	Bonner 83864
Sec - Tre	Kathy K George	307 S 1st	Sandpoint	ID	Bonner 83864
5. Organized Under the Laws of:		6.			
IDAHO C 100188		Signature: <i>Kathy K George</i>		Date: <i>2-24-10</i>	
		Name (type or print): <i>Kathy K George</i>		Title: <i>Secretary</i>	
Issued 02/18/2010 by SLD					

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

**Block 3:** Only a **new** registered agent must sign in Block 3.

**Block 4:** Enter names and business addresses of president, secretary, and directors. **Note:** **Do not** put "same as last year" or "same as above". These will not be accepted.

**Block 5:** May not be altered through the use of this form.

**Block 6:** The annual report must be signed by a person authorized to represent the corporation. Print or type the name of the signer below the signature.