

No. **C 129904**

**Due no later than Aug 31, 2002
Annual Report Form**

2. Registered Agent and Office **NO PO BOX**

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

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

HOLLINGSHEAD EYE CENTER, P.C.
MARK E. HOLLINGSHEAD, M.D.
360 W MALLARD DR STE 125

MARK E. HOLLINGSHEAD, M.D.
360 E MALLARD DR # 125

BOISE, ID 83706

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

BOISE, ID 83706

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>
Owner	Mark Hollingshead	360 E Mallard Dr Ste 125	Boise	ID	83706

5. Organized Under the Laws of:

IDAHO
C 129904

6.

Signature

Date

CPA

Name
(Typed or
Printed)

Steve Severn

Title