

No. W 41166

Due no later than July 31, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

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

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

CARTER VISION CARE, PLLC
LEE J CARTER
~~8027 E GREENS DR~~ 1157 E. Puffin St.
~~NAMPA, ID 83687~~ Meridian, ID 83642LEE J CARTER
~~8027 E GREENS DR~~ 1157 E. Puffin
~~NAMPA, ID 83687~~ Meridian, ID
83642NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

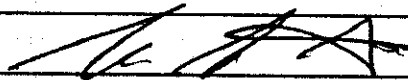
Office held	Name	Street or P.O. Address	City	State	Zip
Member	LEE CARTER, O.D.	1157 E. Puffin St.	Meridian	ID	83642
Manager					

5. Organized Under the Laws of:

IDAHO
W 41166

6.

Signature



Date

7/15/08

Name

(Typed or
Printed)

LEE CARTER

Title

Member Manager

Issued 05/02/2008

Do Not Tape or Staple

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