

No. <b>W 61999</b>	<b>Due no later than Apr 30, 2008</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> CLEARVIEW FAMILY EYECARE, P.L.L.C. CHARLES R NICHOLSON OD 4439 S SILVERPINE AVE BOISE ID 83709		CHARLES R NICHOLSON OD 11513 W FAIRVIEW AVE STE 103 BOISE ID 83713			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	CHARLES R NICHOLSON OD	4439 S SILVERPINE AVE	BOISE	ID	USA	83709
MANAGER	YON H KU, OD	4439 S SILVERPINE AVE	BOISE	ID	USA	83709
5. Organized Under the Laws of:  <b>ID W 61999</b>	6. Annual Report must be signed.* Signature: Charles R Nicholson OD Name (type or print): Charles R Nicholson OD		Date: 02/18/2008 Title: Owner / Manager			
Processed 02/18/2008		* Electronically provided signatures are accepted as original signatures.				