No. **W 82052**	**Due no later than Mar 31, 2014** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** EYE CARE FOR YOU PLLC PHILIP CROMWELL 134 N STATE ST STE A STE A PRESTON ID 83263 USA	PHILIP CROMWELL O.D. 134 N STATE ST STE A STE A PRESTON ID 83263 3. New 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	PHILIP CROMWELLL	134 N STATE STREET STE. A	PRESTON	ID	USA	83263

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 82052**	Signature: Philip Cromwell	Date: 03/19/2014
	Name (type or print): Philip Cromwell	Title: Owner partner

Processed 03/19/2014

* Electronically provided signatures are accepted as original signatures.