No. **W 170846**	**Due no later than Aug 31, 2017** **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.** MEDICAID EYE CARE OF IDAHO, LLC 139 RIVER VISTA PL STE 202 TWIN FALLS ID 83301	TROY MAHLKE 139 RIVER VISTA PL STE 202 TWIN FALLS ID 83301 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
MEMBER	EDWARD FORD	4026 N CANYON RIDGE DR	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 170846**	Signature: Troy Mahlke	Date: 06/20/2017
	Name (type or print): Troy Mahlke	Title: Accountant

Processed 06/20/2017

* Electronically provided signatures are accepted as original signatures.