No. C 169527		D	2. Registered A	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Due no later than Oct 31, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. WESTSIDE EYECARE, INC. JARED E BIRCH 1689 PANCHERI DRIVE IDAHO FALLS ID 83402 USA		477 SHOUP IDAHO FALL	ANDREW M WAYMENT 477 SHOUP AVE STE 109 IDAHO FALLS ID 83405 3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine			f Procident Secretary and Directors Trans	ouror (optional)	(ontional)			
Office Held	Name	ess Addresses O	Street or PO Address	City	State	Country	Postal Code	
SECRETARY BROOKE M BIRCH PRESIDENT JARED E BIRCH		1689 PANCHERI DRIVE 1689 PANCHERI DRIVE	IDAHO FALLS IDAHO FALLS		USA USA	83402 83402		
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 169527		Signature: Jared Birch Name (type or print): Jared Birch			Date: 11/08/2017 Title: President			
Processed 11/08/2017 * Electronically provided signatures are accepted as original signatures.								