

No. J 185		Due no later than Mar 31, 2016		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		Annual Report Form		DELBERT OMAN 1970 OVERLAND AVE BURLEY ID 83318			
		1. Mailing Address: Correct in this box if needed. BURLEY EYE CARE CENTER, LLP ERIC B PIERCE 1970 OVERLAND AVE BURLEY ID 83318		3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PARTNER	DELBERT OMAN, O.D.	1970 OVERLAND AVE	BURLEY	ID	USA	83318	
PARTNER	ERIC B PIERCE OD	1970 OVERLAND AVE	BURLEY	ID	USA	83318	
5. Organized Under the Laws of: ID J 185		6. Annual Report must be signed.* Signature: Eric Pierce Name (type or print): Eric Pierce Date: 05/02/2016 Title: partner					
Processed 05/02/2016		* Electronically provided signatures are accepted as original signatures.					