No. **W 66151**	**Due no later than Aug 31, 2009** **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.** CAPITAL EYE CARE, PLLC DR TERRENCE REYNOLDS 6700 WEST EMERALD BOISE ID 83704 USA	MOLLY O'LEARY 515 NORTH 27TH ST BOISE ID 83702 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	DR TERRENCE REYNOLDS	6700 WEST EMERALD	BOISE	ID	USA	83704

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 66151**	Signature: Terrence J. Reynolds	Date: 06/10/2009
	Name (type or print): Terrence J. Reynolds	Title: Manager

Processed 06/10/2009

* Electronically provided signatures are accepted as original signatures.