No. **W 112593**	**Due no later than Mar 31, 2013** **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.** PEND OREILLE VISION CARE, LLC NATHANEAL HARRELL 514 OAK ST UNIT B SANDPOINT ID 83864	NATHANEAL HARRELL 514 OAK ST UNIT B SANDPOINT ID 83864 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	NATHANEAL HARRELL	514 OAK ST	SANDPOINT	ID	USA	83864

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 112593**	Signature: Nathaneal Harrell	Date: 01/18/2013
	Name (type or print): Nathaneal Harrell	Title: President

Processed 01/18/2013

* Electronically provided signatures are accepted as original signatures.