No. <b>C 193037</b>		Due no later than Dec 31, 2015 Annual Report Form		2. Registered	Registered Agent and Address (NO PO BOX)     DAVID J TORELL			
Return to:				00000000000000000000000000000000000000				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  SHARED VISION INC. DAVID J TORELL 6199 N BELLECREEK AVE BOISE ID 83713		BOISE ID	6199 N BELLECREEK AVE BOISE ID 83713  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter N	Names and Busin	ess Addresses of Pres	sident, Secretary, and Directors. Treasu	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	DIRECTOR DIANE TORELL		6199 N BELLECREEK AVE	BOISE	ID	USA	83713	
DIRECTOR DAVE TORELL		LL	6199 N BELLECREEK AVE	BOISE	ID	USA	83713	
SECRETARY DIANE TOREL		ELL	6199 N BELLECREEK AVE.	BOISE	ID	USA	83713	
PRESIDENT	DAVID J TORELL		6199 N. BELLECREEK AVE	BOISE	ID	USA	83713	
5. Organized Under the Laws of:		6. Annual Report mu						
ID C 193037		Signature: Dave Torell			Date: 01/16/2016			
		Name (type or print): Dave Torell			Title: President			
Processed 01/16/2016		* Electronically provi	ded signatures are accepted as original	signatures.				