

No. W 28144		Due no later than Jan 31, 2010 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		1. Mailing Address: Correct in this box if needed. TETON VALLEY VISION CLINIC, PLLC. THOMAS L SIMMONS PO BOX 979 VICTOR ID 83455		THOMAS SIMMONS O.D. 741 S 50 W STE B VICTOR ID 83455			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name THOMAS SIMMONS	Street or PO Address 51 S 300 W		City BRIGHAM CITY	State UT	Country USA	Postal Code 84302
5. Organized Under the Laws of: ID W 28144		6. Annual Report must be signed.* Signature: Thomas Simmons Name (type or print): Thomas Simmons Date: 02/11/2010 Title: Owner					
Processed 02/11/2010 * Electronically provided signatures are accepted as original signatures.							