

No. W 64423	Due no later than Jul 31, 2014 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.		GARY J LATTIMORE 501 S WOODRUFF IDAHO FALLS ID 83401			
	FOR YOUR EYES ONLY, PLLC GARY J LATTIMORE 501 S WOODRUFF IDAHO FALLS ID 83401		3. <u>New</u> 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	GARY J LATTIMORE	501 S WOODRUFF	IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of: ID W 64423		6. Annual Report must be signed.* Signature: Gary J Lattimore Name (type or print): Gary J Lattimore		Date: 07/25/2014 Title: Optometrist		
Processed 07/25/2014		* Electronically provided signatures are accepted as original signatures.				