

No. W 108071		Due no later than Nov 30, 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		1. Mailing Address: Correct in this box if needed. PREMIER EYE CARE OF EASTERN IDAHO, PLLC MATTHEW P TRAYNOR MD 1449 E 17TH ST IDAHO FALLS ID 83404		MATTHEW P TRAYNOR MD 3625 CHARLESTON LN IDAHO FALLS 83404			
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	Name	Street or PO Address		City	State	Country	Postal Code
MANAGER	MATTHEW P TRAYNOR	3625 CHARLESTON LANE		IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of: ID W 108071		6. Annual Report must be signed.* Signature: Matthew Traynor Name (type or print): Matthew Traynor Date: 11/04/2014 Title: Manager					
Processed 11/04/2014 * Electronically provided signatures are accepted as original signatures.							