

No. W 110912	Due no later than Feb 28, 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. 20/20 FAMILY EYECARE PLLC CACHE M CRAWFORD 301 S. 4TH AVE C-2 POCATELLO ID 83201	JACOB S WESSEL 2635 CHANNING WAY IDAHO FALLS ID 83404				
		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
MEMBER	CACHE M CRAWFORD	3673 JOHN ADAMS PKWY	IDAHO FALLS	ID	USA	83406
5. Organized Under the Laws of: ID W 110912		6. Annual Report must be signed.* Signature: Cache M. Crawford Name (type or print): Cache M. Crawford Date: 12/27/2012 Title: Owner/Member				
Processed 12/27/2012		* Electronically provided signatures are accepted as original signatures.				