

No. W 82052		Due no later than Mar 31, 2010		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. EYE CARE FOR YOU PLLC PHILIP CROMWELL 134 N STATE ST STE A STE A PRESTON ID 83263 USA		PHILIP CROMWELL O.D. 134 N STATE ST STE A STE A PRESTON ID 83263	
				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	PHILIP CROMWELL	134 N STATE STREET STE. A	PRESTON	ID	USA 83263
5. Organized Under the Laws of: ID W 82052		6. Annual Report must be signed.* Signature: Philip Cromwell Name (type or print): Philip Cromwell Date: 02/03/2010 Title: Managing Partner			
Processed 02/03/2010		* Electronically provided signatures are accepted as original signatures.			