No. W 112593		Due no later than Mar 31, 2015			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		NATHANEAL HARRELL				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. PEND OREILLE VISION CARE, LLC NATHANEAL HARRELL 514 OAK ST UNIT A SANDPOINT ID 83864			514 OAK ST UNIT A SANDPOINT 83864 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
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 N	NATHANEAL	HARRELL	514 OAK ST		SANDPOINT	ID	USA	83864
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Nathaneal Harrell			Date: 01/16/2015			
W 112593		Name (type or print): Nathaneal Harrell			Title: President			
Processed 01/16/2015	rocessed 01/16/2015 * Electronically provided signatures are accepted as original signatures.							