

No. <b>W 76607</b>		Due no later than Aug 31, 2018		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  NORRIS EYE CARE, LLC JONATHAN NORRIS P.O. BOX 39 MOUNTAIN HOME ID 83647		JONATHAN NORRIS 265 N 3RD E MOUNTAIN HOME ID 83647	
				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	JONATHAN NORRIS	265 N 3RD E	MOUNTAIN HOME	ID	USA 83647
5. Organized Under the Laws of:  <b>ID W 76607</b>		6. Annual Report must be signed.* Signature: Jonathan Norris Name (type or print): Jonathan Norris Date: 06/23/2018 Title: Member			
Processed 06/23/2018		* Electronically provided signatures are accepted as original signatures.			