

No. W 96276		Due no later than Sep 30, 2018		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. SIGHT LINE EYE CARE, LLC WILLIAM P SCHILLING 3132 S BOWN WAY BOISE ID 83706		WILLIAM P SCHILLING 52523 S BOVEN AVE BOISE ID 83716			
				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	WILLIAM P SCHILLING	5253 S BOVEN AVE	BOISE	ID	USA	83716	
5. Organized Under the Laws of: ID W 96276		6. Annual Report must be signed.* Signature: William Schilling Name (type or print): William Schilling Date: 07/30/2018 Title: Owner/Optometrlist					
Processed 07/30/2018		* Electronically provided signatures are accepted as original signatures.					