

No. <b>C 165716</b>		<b>Due no later than Mar 31, 2017</b> <b>Annual Report Form</b>		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>1. Mailing Address: Correct in this box if needed.</b>  EYE GOTCHA COVERED, INC. TIM D PALMER 2736 RHYOLITE DR BOISE ID 83712		TIMOTHY D PALMER 2736 RHYOLITE DR BOISE ID 83712			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	TIM PALMER	2736 RHYOLITE	BOISE	ID	USA	83712	
5. Organized Under the Laws of:  <b>ID</b> <b>C 165716</b>		6. Annual Report must be signed.*  Signature: Tim Palmer Name (type or print): Tim Palmer					
		Date: 05/03/2017 Title: President					
Processed 05/03/2017      * Electronically provided signatures are accepted as original signatures.							