

No. W 23695	Due no later than April 30, 2007 Annual Report Form		2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	11. Mailing Address - Correct in this box, if applicable		JOHN M FORNAROTTO MD 500 S 11TH AVE STE 502 POCATELLO, ID 83201
NO FILING FEE IF RECEIVED BY DUE DATE	POCATELLO EYE CARE, PLLC JOHN M FORNAROTTO MD 500 S 11TH AVE STE 502 POCATELLO, ID 83201		3. New Registered Agent Signature
4. Limited Liability Companies: Enter Names and Addresses of Members.			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
owner	John M. Fornarotto	500 S. 11th Ave, Ste 502	POCATELLO, ID 83201
5. Organized Under the Laws of:		6.  Signature _____ Date 2/12/07	
IDAHO W 23695		Name (Type or Printed) John M. Fornarotto Title owner	

Issued 02/01/2007

Do Not Tape or Staple

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