

No. W 150113		Due no later than Apr 30, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. BLACKFOOT VISION CARE ASSOCIATES, LLC GARY J LATTIMORE 34 SE MAIN STREET 101 BLACKFOOT ID 83221		GARY J LATTIMORE 34 SE MAIN STREET 101 BLACKFOOT ID 83221			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name GARY J LATTIMORE	Street or PO Address 34 SE MAIN STREET		City BLACKFOOT	State ID	Country USA	Postal Code 83221
5. Organized Under the Laws of: ID W 150113		6. Annual Report must be signed.* Signature: Gary Lattimore Name (type or print): Gary Lattimore Date: 02/21/2017 Title: Managine Optometric Physician					
Processed 02/21/2017 * Electronically provided signatures are accepted as original signatures.							