

No. <b>W 47609</b>		<b>Due no later than Feb 29, 2016</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  JENSEN EYE ASSOCIATES, PLLC JOHANNA M JENSEN 1615 12TH AVE RD STE A NAMPA ID 83686		JOHANNA M JENSEN 1615 12TH AVE RD STE A NAMPA ID 83686	
				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	JOHANNA M JENSEN MD	7355 PIMLICO WAY	NAMPA	ID	83686
5. Organized Under the Laws of:  <b>ID W 47609</b>		6. Annual Report must be signed.* Signature: Johanna Jensen Name (type or print): Johanna Jensen Date: 12/21/2015 Title: MD/Owner			
Processed 12/21/2015		* Electronically provided signatures are accepted as original signatures.			