

No. W 49499		Due no later than Apr 30, 2017		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		Annual Report Form		TIMOTHY D PALMER 2736 RHYOLITE DR BOISE ID 83712	
		1. Mailing Address: Correct in this box if needed.			
		EYE GOTCHA COVERED PROPERTIES, LLC TIMOTHY D PALMER 2736 RHYOLITE BOISE ID 83712		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
MANAGER	TIMOTHY D PALMER	2736 RHYOLITE DR	BOISE	ID	83712
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
ID W 49499		Signature: Tim Palmer		Date: 02/21/2017	
		Name (type or print): Tim Palmer		Title: Manager	
Processed 02/21/2017		* Electronically provided signatures are accepted as original signatures.			