

No. W 135528		Due no later than Mar 31, 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 1. Mailing Address: Correct in this box if needed. EYE CARE SPECIALISTS NW, PLLC CHERYL DUMONT 1415 E LAKESHORE DR COEUR D ALENE ID 83814 USA		ALL DAY \$49 IDAHO REGISTERED A 1900 NORTHWEST BLVD STE 106A COEUR D ALENE ID 83814-8381	
				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	CHERYL DUMONT	1415 E LAKESHORE DRIVE	COEUR D ALENE	ID	USA 83814
5. Organized Under the Laws of: ID W 135528		6. Annual Report must be signed.* Signature: Cheryl Dumont Name (type or print): Cheryl Dumont Date: 04/09/2017 Title: Manager			
Processed 04/09/2017		* Electronically provided signatures are accepted as original signatures.			