


No. <b>W 94404</b> Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	<b>Due no later than Jun 30, 2011          Annual Report Form</b>  <b>2. Mailing Address: Correct in this box if needed.</b> JOHNSON FAMILY EYE CARE, PLLC  5875 E FRANKLIN RD NAMPA ID 83687	<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> BRIAN P JOHNSON 5875 E FRANKLIN RD NAMPA ID 83687  <b>3. New Registered Agent Signature.</b>														
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager Member (circle one)</td> <td>Brian Johnson</td> <td>5875 E. Franklin Rd</td> <td>Nampa</td> <td>Id</td> <td>USA</td> <td>83687</td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager Member (circle one)	Brian Johnson	5875 E. Franklin Rd	Nampa	Id	USA	83687
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code										
Manager Member (circle one)	Brian Johnson	5875 E. Franklin Rd	Nampa	Id	USA	83687										
<b>5. Organized Under the Laws of:</b>  <b>IDAHO          W 94404</b>	<b>6.</b> Signature:  <hr/> Name (type or print): <u>Brian Johnson</u> <hr/> Date: <u>May 19, 11</u> <hr/> Title: <u>President</u>															
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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**