

No. W 41166		Due no later than Jul 31, 2014		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. CARTER VISION CARE, PLLC LEE J CARTER 2745 AMERICAN LEGION BLVD MOUNTAIN HOME ID 83647 USA		LEE J CARTER 1157 E PUFFIN MERIDIAN ID 83642			
				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	LEE J CARTER	1157 E. PUFFIN ST.	MERIDIAN	ID	USA	83642	
5. Organized Under the Laws of: ID W 41166		6. Annual Report must be signed.* Signature: Lee Carter Name (type or print): Lee Carter Date: 06/12/2014 Title: Member Manager					
Processed 06/12/2014		* Electronically provided signatures are accepted as original signatures.					