

No. <b>W 41166</b>		<b>Due no later than Jul 31, 2014</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  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			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name LEE J CARTER	Street or PO Address 1157 E. PUFFIN ST.		City MERIDIAN	State ID	Country USA	Postal Code 83642
5. Organized Under the Laws of:  <b>ID</b> <b>W 41166</b>		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.							