No. <b>W 81447</b>		Due no later than Feb 29, 2012		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			DIANNE FRENCH			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  PALOUSE OCULARIUM LLC  DIANNE L FRENCH  202 E E 7TH ST  MOSCOW ID 83843-3002		MOSCOW II	202 E E 7TH ST MOSCOW ID 83843  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compa	nies: Enter Na	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	WILLIAM R	FRENCH	202 E 7TH ST	MOSCOW	ID	USA	83843-3002	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Dianne French			Date: 12/12/2011			
W 81447		Name (type or		Title: Manager				
Processed 12/12/2011	Processed 12/12/2011 * Electronically provided signatures are accepted as original signatures.							