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|--|---|---|---|-------|---------|-------------|
| No. <b>W 178429</b>  | <b>Due no later than Feb 28, 2018</b><br><b>Annual Report Form</b>  |   | 2. Registered Agent and Address <b>(NO PO BOX)</b>                    |       |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | <b>1. Mailing Address: Correct in this box if needed.</b><br>OCULARLOGIC, LLC<br>PATRICK TAGLIAFERRO<br>1419 E MULLAN AVE<br>COEUR D ALENE ID 83814 |   | PETER J SMITH IV<br>601 E FRONT AVE STE 304<br>COEUR D ALENE ID 83814 |       |         |             |
|  |   |   | 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 |
| MEMBER   | HANNAH TAGLIAFERRO  | 418 E LAKESIDE  | COEUR D ALENE   | ID    | USA     | 83814       |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 178429</b>  | 6. Annual Report must be signed.*<br>Signature: Patrick Tagliaferro<br>Name (type or print): Patrick Tagliaferro                                    |   | Date: 03/16/2018<br>Title: Member                                     |       |         |             |
| Processed 03/16/2018   |   | * Electronically provided signatures are accepted as original signatures. |   |       |         |             |