

No. <b>W 178429</b>		<b>Due no later than Feb 28, 2018</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> OCULARLOGIC, LLC PATRICK TAGLIAFERRO 1419 E MULLAN AVE COEUR D ALENE ID 83814		PETER J SMITH IV 601 E FRONT AVE STE 304 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:  <b>ID W 178429</b>		6. Annual Report must be signed.* Signature: Patrick Tagliaferro Name (type or print): Patrick Tagliaferro Date: 03/16/2018 Title: Member			
Processed 03/16/2018		* Electronically provided signatures are accepted as original signatures.			