

No. <b>W 96980</b>	<b>Due no later than Oct 31, 2012</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> MY TEAM SHADES, LLC WILLIAM T BLACK 420 E ELM STREET CALDWELL ID 83605 USA		FAMILY EYECARE SPECIALISTS PLLC 420 E ELM STREET CALDWELL ID 83605			
			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	WILLIAM T BLACK	420 E ELM STREET	CALDWELL	ID	USA	83605
5. Organized Under the Laws of:  <b>ID</b> <b>W 96980</b>	6. Annual Report must be signed.* Signature: william T Black Name (type or print): william T Black		Date: 08/13/2012 Title: Owner			
Processed 08/13/2012		* Electronically provided signatures are accepted as original signatures.				