

No. <b>W 112593</b>	<b>Due no later than Mar 31, 2018</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> PEND OREILLE VISION CARE, LLC NATHANEAL HARRELL 514 OAK ST UNIT A SANDPOINT ID 83864	NATHANEAL HARRELL 514 OAK ST UNIT A SANDPOINT ID 83864				
		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
MANAGER	NATHANEAL HARRELL	514 OAK ST UNIT A	SANDPOINT	ID	USA	83864
5. Organized Under the Laws of:  <b>ID</b> <b>W 112593</b>	6. Annual Report must be signed.* Signature: Nathaneal Harrell Name (type or print): Nathaneal Harrell		Date: 01/22/2018 Title: Owner/President			
Processed 01/22/2018		* Electronically provided signatures are accepted as original signatures.				