

No. W 77124		Due no later than Aug 31, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ADVANCED EYECARE OF BLACKFOOT, PLLC JERRY D CARLSON 1213 PARKWAY DRIVE BLACKFOOT ID 83221		JERRY CARLSON 1213 PARKWAY DRIVE BLACKFOOT ID 83221			
NO FILING FEE IF RECEIVED BY DUE DATE				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	JERRY D CARLSON	1213 PARKWAY DRIVE		BLACKFOOT	ID	USA	83221
MANAGER	JASON HURLEY	1213 PARKWAY DRIVE		BLACKFOOT	ID	USA	83221
5. Organized Under the Laws of: ID W 77124		6. Annual Report must be signed.* Signature: Jason Hurley Name (type or print): Jason Hurley Date: 06/21/2016 Title: Owner					
Processed 06/21/2016 * Electronically provided signatures are accepted as original signatures.							