No. **W 54085**	**Due no later than Sep 30, 2016**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** ASPEN RIDGE EYE CARE, PLLC JERRY D CARLSON 3456 E. 17TH STREET SUITE 150 IDAHO FALLS ID 83406	JERRY CARLSON 3082 SPRINGSTONE CIRCLE AMMON ID 83406 3. New 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 CARLSON	3082 SPRINGSTONE CIRCLE	AMMON	ID	USA	83406

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 54085**	Signature: Jerry D. Carlson	Date: 07/26/2016
	Name (type or print): Jerry D. Carlson	Title: owner/doctor

Processed 07/26/2016

* Electronically provided signatures are accepted as original signatures.