No. W 122430		Due no later than Feb 28, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		KENDALL JOHNSON 4360 S OLD SPORT LN BOISE ID 83716-5612			
SECRETARY OF STATE	1. Mailing	1. Mailing Address: Correct in this box if needed. ADVANCED VISION THERAPY CENTER, LLC KENDALL JOHNSON 4360 S OLD SPORT LN					
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	KENDALL J						
	BOISE ID	BOISE ID 83716-5612		3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Ente	r Names and Addre	sses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER KENDALI	JOHNSON	4360 S OLD SPORT LN	BOISE	ID	USA	83716-5612	
5. Organized Under the Laws of:	rganized Under the Laws of: 6. Annual Report must be signed.*						
ID	Signature:	Signature: Kendall Johnson		Date: 12/31/2017			
W 122430	Name (type	Name (type or print): Kendall Johnson		Title: Manager			
Processed 12/31/2017	* Electronically	* Electronically provided signatures are accepted as original signatures.					