

No. W 9931		Due no later than Oct 31, 2015 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. VISION CARE CENTER OF IDAHO, LLC NANCY MCHUGH 3071 E FRANKLIN RD STE 101 MERIDIAN ID 83642		JORGEA MARTINEZ 3071 E FRANKLIN RD STE 101 MERIDIAN ID 83642		
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
MEMBER	DAN BOESPFLUG	3293 N MILWAUKEE	BOISE	ID	83704	
5. Organized Under the Laws of: ID W 9931		6. Annual Report must be signed.* Signature: Nancy McHugh Name (type or print): Nancy McHugh Date: 10/29/2015 Title: Administrator				
Processed 10/29/2015 * Electronically provided signatures are accepted as original signatures.						