

No. W 175115		Due no later than Dec 31, 2017		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		1. Mailing Address: Correct in this box if needed. CALDERWOOD VISION CARE PLLC JOHN CALDERWOOD 2544 W DUMONT DR COEUR D'ALENE ID 83815		JOHN CALDERWOOD 2544 W DUMONT DR COEUR D'ALENE ID 83815-8381			
				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	JOHN CALDERWOOD	2544 W. DUMONT DR.	COEURDALENE	ID	USA	83815	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 175115		Signature: John Calderwood				Date: 10/31/2017	
		Name (type or print): John Calderwood				Title: Owner	
Processed 10/31/2017		* Electronically provided signatures are accepted as original signatures.					