

No. <b>W 64423</b>		<b>Due no later than Jul 31, 2011</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  FOR YOUR EYES ONLY, PLLC GARY J LATTIMORE 501 S WOODRUFF IDAHO FALLS ID 83401		GARY J LATTIMORE 501 S WOODRUFF IDAHO FALLS ID 83401			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name GARY J LATTIMORE	Street or PO Address 501 S WOODRUFF		City IDAHO FALLS	State ID	Country USA	Postal Code 83401
5. Organized Under the Laws of:  <b>ID</b> <b>W 64423</b>		6. Annual Report must be signed.*  Signature: Gary J Lattimore Name (type or print): Gary J Lattimore  Date: 07/25/2011 Title: Optometric Physician					
Processed 07/25/2011 * Electronically provided signatures are accepted as original signatures.							