

No. W 64423		Due no later than Jul 31, 2011		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. 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			
				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	
MANAGER	GARY J LATTIMORE	501 S WOODRUFF	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 64423		Signature: Gary J Lattimore				Date: 07/25/2011	
		Name (type or print): Gary J Lattimore				Title: Optometric Physician	
Processed 07/25/2011		* Electronically provided signatures are accepted as original signatures.					