No. <b>W 10804</b>		Due no later than Jan 31, 2011 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  NO FILING FEE IF		1. Mailing Address: Correct in this box if needed.  TETON VISION CENTER, PLLC BRYAN COOK 10542 N 80TH E IDAHO FALLS ID 83401 USA	IDAHO FALLS	10542 N 80TH E IDAHO FALLS ID 83401  3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE		USA					
4. Limited Liability Compa	nies: Enter Nar	mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER BRYAN COO		K 10542 N 80TH E	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 10804		Signature: Bryan Cook	Date: 01/06/2011				
		Name (type or print): Bryan Cook	Title: Manager				
Processed 01/06/2011	* Electronically provided signatures are accepted as original signatures.						