

No. W 101147		Due no later than Mar 31, 2014		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. OCONIK, LLC FAMILY EYECARE SPECIALISTS PLLC 420 E ELM ST CALDWELL ID 83605		FAMILY EYECARE SPECIALISTS PLLC 420 E ELM ST CALDWELL ID 83605	
				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	WILLIAM T BLACK	420 E ELM STREET	CALDWELL	ID	USA 83605
5. Organized Under the Laws of: ID W 101147		6. Annual Report must be signed.* Signature: William T Black Name (type or print): William T Black Date: 02/03/2014 Title: Member			
Processed 02/03/2014		* Electronically provided signatures are accepted as original signatures.			