

No. W 2494	Annual Report Form Due No Later Than November 30, 1999	2. Registered Agent and Office NOT A.P.O. BOX GARY W WALLACE 4285 NATHAN IDAHO FALLS ID 83404												
RETURN TO: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address (Please Check If Not Correct) CENTER FOR SIGHT, P.L.L.C. GARY W WALLACE 4285 NATHAN	3. Organized Under the Laws of: ID W 2494												
** FINAL NOTICE **														
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one): <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 15%;">Office held</td> <td style="text-align: center; width: 15%;">Name</td> <td style="text-align: center; width: 25%;">Street or P.O. Address</td> <td style="text-align: center; width: 15%;">City</td> <td style="text-align: center; width: 10%;">State</td> <td style="text-align: center; width: 10%;">Zip</td> </tr> <tr> <td style="text-align: center;"><i>Manager</i></td> <td style="text-align: center;"><i>Gary W. Wallace</i></td> <td style="text-align: center;"><i>4285 Nathan Dr.</i></td> <td style="text-align: center;"><i>Idaho Falls</i></td> <td style="text-align: center;"><i>Id</i></td> <td style="text-align: center;"><i>83404</i></td> </tr> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	<i>Manager</i>	<i>Gary W. Wallace</i>	<i>4285 Nathan Dr.</i>	<i>Idaho Falls</i>	<i>Id</i>	<i>83404</i>
Office held	Name	Street or P.O. Address	City	State	Zip									
<i>Manager</i>	<i>Gary W. Wallace</i>	<i>4285 Nathan Dr.</i>	<i>Idaho Falls</i>	<i>Id</i>	<i>83404</i>									
5. <u>New</u> Registered Agent Signature	6. Signature <u><i>[Signature]</i></u> Date <u><i>11-30-99</i></u> Name <u><i>GARY W. WALLACE</i></u> Title <u><i>Mgr</i></u>													

ISSUED: 10-02-1999

849

C

Fold, seal and mail this portion.

C