

No. <b>W 3206</b>		<b>Due no later than Dec 31, 2012</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  ELLENBECKER EYE CLINIC, P.L.L.C. WAYNE D ELLENBECKER, O.D. 2140 RIVERSTONE DR STE 101 COEUR D'ALENE ID 83814 USA		WAYNE D ELLENBECKER, O.D. 2140 RIVERSTONE DR STE 101 COEUR D'ALENE ID 83814			
				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	WAYNE D ELLENBECKER, O.D.	2140 RIVERSTONE DR STE 101	COEUR D'ALENE	ID	USA	83814	
MEMBER	CINDY L ELLENBECKER, O.D.	2140 RIVERSTONE DR STE 101	COEUR D'ALENE	ID	USA	83814	
5. Organized Under the Laws of:  <b>ID W 3206</b>		6. Annual Report must be signed.* Signature: Wayne D. Ellenbecker, OD Name (type or print): Wayne D. Ellenbecker, OD Date: 10/19/2012 Title: Optometrist/Gen Ptnr					
Processed 10/19/2012		* Electronically provided signatures are accepted as original signatures.					