No. **W 28144**	**Due no later than Jan 31, 2017** **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 RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** TETON VALLEY VISION CLINIC, PLLC. THOMAS L SIMMONS PO BOX 979 VICTOR ID 83455	THOMAS SIMMONS O.D. 10 CEDRON RD VICTOR ID 83455 3. New 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	THOMAS SIMMONS	10 CEDRON RD	VICTOR	ID		83455

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 28144**	Signature: Thomas Simmons	Date: 11/22/2016
	Name (type or print): Thomas Simmons	Title: owner

Processed 11/22/2016

* Electronically provided signatures are accepted as original signatures.