No. W 9931	Due no later than October 31, 2008	2. Registered Agent and	Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOORTH STREET PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form 1. Mailing Address - Correct in this box. if applicable VISION CARE CENTER OF IDAHO, LLC 3071 E FRANKLIN RD STE 101 MERIDIAN, ID 83642	JORGEA MARTINEZ 3071 E FRANKLIN RD STE 101 MERIDIAN, ID 83642	
NO FILING FEE IF RECEIVED BY DUE DATE		3. New Registered Agen	t Signature
Limited Liability Compan	ies: Enter Names and Addresses of Members.		
Office held Name	Street or P.O. Address City	State	<u>Zip</u>
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	And the second s		
5. Organized Under the Laws of:	6. Signature Makagw	Date	Mog
•	/ // / Dulkatill		

Vision Care Center Of Idaho, LLC

Office held	<u>Name</u>	Address
Member	Jorge Martinez, M.D.	1615 12th Ave Rd, Nampa ID 83686
Member	Randy Andregg	610 Americana Blvd, Boise ID 83702
Member	Dan Boespflug	3293 N. Milwaukee, Boise ID 83704
Member	Chris Card	1702 S. Kinball Ave, Caldwell ID 83605
Member	James Dean	343 W. Iowa Ave, Nampa ID 83686
Member	Kevin Dean	343 W. Iowa Ave, Nampa ID 83686
Member	John Muto	1175 W. Boise Ave, Boise ID 83706
Member	David Ward	1205 S. Five Mile Road, Boise ID 83709
Member	Thomas Woodward	304 E. Main, Emmett ID 83617