

No. W 76607		Due no later than Aug 31, 2011		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. NORRIS EYE CARE, LLC JONATHAN NORRIS 7447 W. EMERALD ST #105 BOISE ID 83704		JONATHAN NORRIS 7447 W. EMERALD ST #105 BOISE ID 83704			
				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	JONATHAN NORRIS	7447 W. EMERALD ST #105	BOISE	ID	USA	83704	
5. Organized Under the Laws of: ID W 76607		6. Annual Report must be signed.* Signature: Jonathan Norris Name (type or print): Jonathan Norris Date: 09/07/2011 Title: Owner					
Processed 09/07/2011		* Electronically provided signatures are accepted as original signatures.					