No. **W 28144**	**Due no later than Jan 31, 2009** **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. 741 S 50 W STE B 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	51 S 300 W	BRIGHAM CITY	UT	USA	84302

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 28144**	Signature: Thomas Simmons	Date: 11/14/2008
	Name (type or print): Thomas Simmons	Title: Owner

Processed 11/14/2008

* Electronically provided signatures are accepted as original signatures.