

No. <b>W 108071</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 02/23/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> MATTHEW P TRAYNOR MD 3625 CHARLESTON LN IDAHO FALLS ID 83404																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> PREMIER EYE CARE OF EASTERN IDAHO, PLLC MATTHEW P TRAYNOR MD 1449 E 17TH ST IDAHO FALLS ID 83404		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Matthew P. Traynor</td> <td>3625 Charleston Ln</td> <td>Idaho Falls</td> <td>ID</td> <td>USA</td> <td>83404</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Matthew P. Traynor	3625 Charleston Ln	Idaho Falls	ID	USA	83404	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <b>IDAHO W 108071</b>	6. Signature: <u>Matthew P TRAYNOR</u> Date: <u>3-22-16</u> Name (type or print): <u>Matthew P. Traynor</u> Title: <u>Manager</u>																																					

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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**