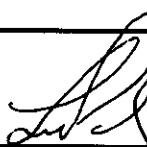


No. W 49499		Due no later than Apr 30, 2013 Annual Report Form		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> TIMOTHY D PALMER 2736 RHYOLITE DR BOISE ID 83712																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		1. Mailing Address: Correct in this box if needed. EYE GOTCHA COVERED PROPERTIES, LLC TIMOTHY D PALMER 2736 RHYOLITE BOISE ID 83712		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>Tim Palmer</td> <td>2736 Rhyolite Dr</td> <td>Boise</td> <td>Id</td> <td></td> <td>83712</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"/>	Tim Palmer	2736 Rhyolite Dr	Boise	Id		83712	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																		
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Tim Palmer	2736 Rhyolite Dr	Boise	Id		83712																																		
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																								
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																								
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																								
5. Organized Under the Laws of:  IDAHO W 49499		6. Signature:  Name (type or print): <u>Tim Palmer</u> Date: <u>5/7/13</u> Title: <u>Manager</u>																																						
Issued 05/07/2013 by JL1 101908																																								

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM