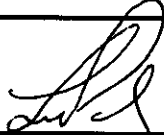


No. W 49499	Due no later than Apr 30, 2013 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) TIMOTHY D PALMER 2736 RHYOLITE DR BOISE ID 83712
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct 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.

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 way	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: <div style="text-align: center;"> IDAHO W 49499 </div>	6. Signature:  <hr/> Name (type or print): <u>Tim Palmer</u>	Date: <u>5/4-13</u> <hr/> Title: <u>Manager</u>
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Issued 05/07/2013 by JL1

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM