

No. W 19278	Due no later than May 31, 2007 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. FAMILY EYECARE SPECIALISTS, PLLC WILLIAM T BLACK 420 E ELM ST CALDWELL ID 83605		WILLIAM T BLACK 420 E ELM ST CALDWELL ID 83605			
			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	WILLIAM T BLACK	420 E ELM ST	CALDWELL	ID		83605
5. Organized Under the Laws of: IDAHO W 19278		6. Annual Report must be signed.* Signature: William Black Name (type or print): William Black		Date: 03/28/2007 Title: Owner		
Processed 03/28/2007		* Electronically provided signatures are accepted as original signatures.				