

No. <b>W 49499</b>		<b>Due no later than Apr 30, 2011</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  EYE GOTCHA COVERED PROPERTIES, LLC TIMOTHY D PALMER 2736 RHYOLITE BOISE ID 83712		TIMOTHY D PALMER 2736 RHYOLITE DR BOISE ID 83712			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name TIMOTHY D PALMER	Street or PO Address 2736 RHYOLITE DR		City BOISE	State ID	Country USA	Postal Code 83712
5. Organized Under the Laws of:  <b>ID</b> <b>W 49499</b>		6. Annual Report must be signed.*  Signature: Timothy Palmer Name (type or print): Timothy Palmer  Date: 02/12/2011 Title: Manager					
Processed 02/12/2011 * Electronically provided signatures are accepted as original signatures.							