No. **W 91454**	**Due no later than Mar 31, 2014** **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.** A B SEE VISION CARE PLLC LISA PORTER 852 E PARRI DR IDAHO FALLS ID 83401	LISA PORTER 852 E PARRI DR IDAHO FALLS ID 83401 3. New 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
MANAGER	LISA L PORTER	852 E PARRI DRIVE	IDAHO FALLS	ID	USA	83401

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 91454**	Signature: Lisa L Porter	Date: 02/03/2014
	Name (type or print): Lisa L Porter	Title: Manager

Processed 02/03/2014

* Electronically provided signatures are accepted as original signatures.