

No. W 114150		Due no later than May 31, 2016 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. SUMMIT EYECARE, P.L.L.C. BART DAVIS PO BOX 50660 IDAHO FALLS ID 83405		TODD F BIRCH 984 W RIVERVIEW DR IDAHO FALLS ID 83401			
				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	
MANAGER	FLEMING FAMILY EYECARE, P.C.	C/O CRAIG FLEMING 327 RED FOX DRIVE	IDAHO FALLS	ID	USA	83401	
MANAGER	TETON PROFESSIONAL CORPORATION	6159 ARAPAHOE	POCATELLO	ID	USA	83204	
MANAGER	TODD F. BIRCH, O.D. PROF. ASSO	3351 MERLIN DRIVE	IDAHO FALLS	ID	USA	83404	
MANAGER	WESTSIDE EYECARE, INC.	1689 PANCHERI DRIVE	IDAHO FALLS	ID	USA	83402	
5. Organized Under the Laws of: ID W 114150		6. Annual Report must be signed.* Signature: Bart M. Davis Name (type or print): Bart M. Davis					
		Date: 04/01/2016 Title: Attorney at Law					
Processed 04/01/2016		* Electronically provided signatures are accepted as original signatures.					