No. **W 23695**	**Due no later than Apr 30, 2009**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** POCATELLO EYE CARE, PLLC JOHN M FORNAROTTO MD 246 N 18TH AVE POCATELLO ID 83201	JOHN M FORNAROTTO MD 500 S 11TH AVE STE 502 POCATELLO ID 83201 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
MEMBER	JOHN M FORNAROTTO MD	246 N 18TH AVE	POCATELLO	ID	USA	83201

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 23695**	Signature: Jennifer Sanders	Date: 05/07/2009
	Name (type or print): Jennifer Sanders	Title: Bookkeeper

Processed 05/07/2009

* Electronically provided signatures are accepted as original signatures.