

No. <b>W 54085</b>	<b>Due no later than Sep 30, 2012</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> ASPEN RIDGE EYE CARE, PLLC JERRY D CARLSON 3456 E. 17TH STREET, SUITE 150 IDAHO FALLS ID 83406 USA		JERRY CARLSON 3751 SILVERWOOD CIR IDAHO FALLS ID 83406			
			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	JERRY CARLSON	3751 SILVERWOOD CIR	IDAHO FALLS	ID	USA	83406
5. Organized Under the Laws of:  <b>ID W 54085</b>	6. Annual Report must be signed.* Signature: Jerry Carlson Name (type or print): Jerry Carlson		Date: 07/19/2012 Title: Owner			
Processed 07/19/2012		* Electronically provided signatures are accepted as original signatures.				