No. W 19278	Due no later than May 31, 2005 Annual Report Form	2. Registered Agent and Office NO PO BOX
		WILLIAM T BLACK
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable	420 E ELM ST
	FAMILY EYECARE SPECIALISTS, PLLC WILLIAM T BLACK 420 E ELM ST	CALDWELL, ID 83605  3. New Registered Agent Signature
BOISE, ID 83720-0000	CALDWELL, ID 83605	3. New Registered Agent Organization
NO FILING FEE IF		!
DATE		- According to the second of t
4. Limited Liability Compa	nies: Enter Names and Addresses of Members	City State <u>Zip</u>
Office held Name	Street or P.O. Address	\(\alpha\)
-	480 & EIM STOOT	ID 83605
ADANOR - OWE-	400 2 200	nduell
WilliamT	- BIACK CA	down
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		2/1/1-0
5. Organized Under the Laws of:	6.	Date 3 14 05
5. Organized Under the Laws of:	Signature	Date 3 14 05
ľ	Signature	Date 3/4/05 Aek Title OWNER
IDAHO		Date 3 14 05  ARK Title CUNER  200505000887