

No. W 94404	Due no later than Jun 30, 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.		BRIAN P JOHNSON 5875 E FRANKLIN RD NAMPA ID 83687			
	JOHNSON FAMILY EYE CARE, PLLC BRIAN P JOHNSON 5875 E FRANKLIN RD NAMPA ID 83687 USA		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
MEMBER	BRIAN P JOHNSON	5875 E FRANKLIN RD	NAMPA	ID	USA	83687
5. Organized Under the Laws of: ID W 94404		6. Annual Report must be signed.* Signature: Brian Johnson Name (type or print): Brian Johnson Date: 07/18/2014 Title: President				
Processed 07/18/2014		* Electronically provided signatures are accepted as original signatures.				