

No. <b>W 97622</b>	<b>Due no later than Nov 30, 2011</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>  SNAKE RIVER EYECARE, LLC 1464 N 610 E SHELLEY ID 83274	DENNIS RADFORD 1464 N 610 E SHELLEY ID 83274	
		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	DENNIS S RADFORD	1464 N. 610 E.	SHELLEY ID USA 83274
5. Organized Under the Laws of:  <b>ID W 97622</b>	6. Annual Report must be signed.* Signature: Dennis radford Name (type or print): Dennis radford		Date: 09/12/2011 Title: President
Processed 09/12/2011		* Electronically provided signatures are accepted as original signatures.	