

No. W 117020	Due no later than Sep 30, 2018 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. CENTER FOR VISION AND LEARNING, PLLC ALONA M KING 1479 THREE FOUNTAINS DRIVE IDAHO FALLS ID 83404 USA		ALONA M KING 1479 THREE FOUNTAINS DRIVE IDAHO FALLS ID 83404			
			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	ALONA M KING	1479 THREE FOUNTAINS DRIVE	IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of: ID W 117020	6. Annual Report must be signed.* Signature: Alona King Name (type or print): Alona King		Date: 08/11/2018 Title: owner			
Processed 08/11/2018		* Electronically provided signatures are accepted as original signatures.				