

No. W 108071		Due no later than Nov 30, 2012		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. PREMIER EYE CARE OF EASTERN IDAHO, PLLC MATTHEW P TRAYNOR MD 1449 E 17TH ST IDAHO FALLS ID 83404		MATTHEW P TRAYNOR MD 3625 CHARLESTON LN 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	MATTHEW P TRAYNOR	3625 CHARLESTON LANE	IDAHO FALLS	ID	USA 83404
5. Organized Under the Laws of: ID W 108071		6. Annual Report must be signed.* Signature: Matthew P. Traynor Name (type or print): Matthew P. Traynor Date: 09/13/2012 Title: Manager			
Processed 09/13/2012		* Electronically provided signatures are accepted as original signatures.			