

|                                                                                                                                                        |            |                                                                                                                                                                        |             |                                                          |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------|---------|------------------|--|
| No. <b>W 133271</b>                                                                                                                                    |            | <b>Due no later than Jan 31, 2018</b>                                                                                                                                  |             | 2. Registered Agent and Address <b>(NO PO BOX)</b>       |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |            | <b>1. Mailing Address: Correct in this box if needed.</b><br>NATIONAL CERTIFICATION BOARD OF OPTOMETRY LLC<br>JERRY NAVE<br>329 S WOODRUFF AVE<br>IDAHO FALLS ID 83401 |             | JERRY NAVE<br>329 S WOODRUFF AVE<br>IDAHO FALLS ID 83401 |         |                  |  |
|                                                                                                                                                        |            |                                                                                                                                                                        |             | 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                                                                                                                                                 | JERRY NAVE | 329 S WOODRUFF AVE                                                                                                                                                     | IDAHO FALLS | ID                                                       | USA     | 83401            |  |
| 5. Organized Under the Laws of:                                                                                                                        |            | 6. Annual Report must be signed.*                                                                                                                                      |             |                                                          |         |                  |  |
| <b>ID<br/>W 133271</b>                                                                                                                                 |            | Signature: JERRY NAVE                                                                                                                                                  |             |                                                          |         | Date: 01/31/2018 |  |
|                                                                                                                                                        |            | Name (type or print): JERRY NAVE                                                                                                                                       |             |                                                          |         | Title: MEMBER    |  |
| Processed 01/31/2018                                                                                                                                   |            | * Electronically provided signatures are accepted as original signatures.                                                                                              |             |                                                          |         |                  |  |