

No. <b>W 122330</b>	<b>Due no later than Feb 29, 2016</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> EYECARE ASSOCIATES GROUP, PLLC BART M DAVIS PO BOX 50660 IDAHO FALLS ID 83405		BART M DAVIS 1075 S UTAH AVE STE 322 IDAHO FALLS ID 83402			
			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	TODD F BIRCH	984 W. RIVERVIEW DRIVE	IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of:  <b>ID</b> <b>W 122330</b>		6. Annual Report must be signed.* Signature: Bart M. Davis Name (type or print): Bart M. Davis Date: 12/30/2015 Title: Registered Agent				
Processed 12/30/2015		* Electronically provided signatures are accepted as original signatures.				