No. W 2494		Due no later than May 31, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. CENTER FOR SIGHT, P.L.L.C. GARY W WALLACE 2295 CORONADO ST IDAHO FALLS ID 83404		2. Registered Ag	2. Registered Agent and Address (NO PO BOX) GARY W WALLACE 2295 CORONADO ST IDAHO FALLS ID 83404 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				2295 CORONA IDAHO FALLS				
NO FILING FEE IF RECEIVED BY DUE DATE								
Office Held	Name	mes and Address	es of at least one Member or Manager. Street or PO Address	City	State	Country	Postal Code	
MANAGER MEMBER	GARY W WALLACE CYNTHIA WALLACE		378 CRANBROOK 378 CRANBROOK	IDAHO FALLS IDAHO FALLS	ID ID	USA	83404 83404	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Ga	ary Wallace		Date: 04/26/2016			
W 2494		Name (type or print): Gary Wallace			Title: manager			
Processed 04/26/2016 * Electronically provided signatures are accepted as original signatures.								