

No. W 122330		Due no later than Feb 28, 2015 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		1. Mailing Address: Correct in this box if needed. 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 83402			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name TODD F BIRCH	Street or PO Address 984 W. RIVERVIEW DRIVE		City IDAHO FALLS	State ID	Country USA	Postal Code 83401
5. Organized Under the Laws of: ID W 122330		6. Annual Report must be signed.* Signature: Bart M. Davis Name (type or print): Bart M. Davis Date: 12/17/2014 Title: Registered Agent					
Processed 12/17/2014 * Electronically provided signatures are accepted as original signatures.							