

No. <b>W 91454</b>		<b>Due no later than Mar 31, 2018</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>  A B SEE VISION CARE PLLC LISA PORTER 4605 N 45TH E IDAHO FALLS ID 83401-5626		LISA PORTER 4605 N 45TH E IDAHO FALLS ID 83401-5626			
				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	LISA L PORTER	4605 N 45TH E	IDAHO FALLS	ID	USA	83401-5626	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 91454</b>		Signature: Lisa Porter				Date: 01/24/2018	
		Name (type or print): Lisa Porter				Title: Manager	
Processed 01/24/2018		* Electronically provided signatures are accepted as original signatures.					