

No. <b>W 52612</b>		<b>Due no later than Jul 31, 2016</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  VALLEY EYE CARE, PLLC BRADLEY RHINEHART 3456 E 17TH #140 IDAHO FALLS ID 83406		BRADLEY RHINEHART 1525 SUMMER WAY IDAHO FALLS ID 83404	
				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	BRADLEY RHINEHART	1525 SUMMER WAY	IDAHO FALLS	ID	83404
5. Organized Under the Laws of:  <b>ID W 52612</b>		6. Annual Report must be signed.* Signature: ROBERT CRANDALL Name (type or print): ROBERT CRANDALL  Date: 06/20/2016 Title: AGENT			
Processed 06/20/2016		* Electronically provided signatures are accepted as original signatures.			