

No. <b>W 108071</b>		<b>Due no later than Nov 30, 2017</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> PREMIER EYE CARE OF EASTERN IDAHO, PLLC MATTHEW P TRAYNOR MD 2100 PROVIDENCE WAY IDAHO FALLS ID 83404		MATTHEW P TRAYNOR MD 3625 CHARLESTON LN 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	
MANAGER	MATTHEW P TRAYNOR	3625 CHARLESTON LANE	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 108071</b>		Signature: Matthew P Traynor				Date: 09/25/2017	
		Name (type or print): Matthew P Traynor				Title: Manager	
Processed 09/25/2017		* Electronically provided signatures are accepted as original signatures.					