

No. <b>W 9931</b>	<b>Due no later than Oct 31, 2016</b> <b>Annual Report Form</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>  VISION CARE CENTER OF IDAHO, LLC NANCY MCHUGH 3071 E FRANKLIN RD STE 101 MERIDIAN ID 83642		JORGEA MARTINEZ 3071 E FRANKLIN RD STE 101 MERIDIAN ID 83642			
			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	DAN BOESPFLUG	3293 N MILWAUKEE	BOISE	ID		83704
5. Organized Under the Laws of:  <b>ID</b> <b>W 9931</b>		6. Annual Report must be signed.* Signature: Nancy McHugh Name (type or print): Nancy McHugh Date: 10/31/2016 Title: Administrator				
Processed 10/31/2016		* Electronically provided signatures are accepted as original signatures.				