

No. <b>W 77124</b>		<b>Due no later than Aug 31, 2018</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>1. Mailing Address: Correct in this box if needed.</b>  ADVANCED EYECARE OF BLACKFOOT, PLLC JERRY D CARLSON 1213 PARKWAY DRIVE BLACKFOOT ID 83221		JERRY CARLSON 1213 PARKWAY DRIVE BLACKFOOT ID 83221			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	JERRY D CARLSON	1213 PARKWAY DRIVE		BLACKFOOT	ID	USA	83221
MANAGER	JASON HURLEY	1213 PARKWAY DRIVE		BLACKFOOT	ID	USA	83221
5. Organized Under the Laws of:  <b>ID</b> <b>W 77124</b>		6. Annual Report must be signed.*  Signature: JERRY D CARLSON Name (type or print): JERRY D CARLSON					
Processed 07/23/2018		Date: 07/23/2018 Title: Owner  * Electronically provided signatures are accepted as original signatures.					