

No. W 41166

Due no later than July 31, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

CARTER VISION CARE, PLLC
LEE J CARTER
6927 E GREENS DR
NAMPA, ID ~~83670~~
83687LEE J CARTER
2003 N GOLFVIEW WAY
MERIDIAN, ID 83646
6927 E. Greens Dr.
Nampa, ID 83687NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

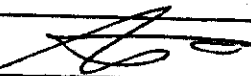
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	LEE CARTER, D.D.	6927 E. Greens Dr.	Nampa	ID	83687
Member	Amy Carter	6927 E. Greens Dr.	Nampa	ID	83687

5. Organized Under the Laws of:

IDAHO
W 41166

6.

Signature



Date 5/15/2007

Name (Typed or Printed)

LEE CARTER, D.D.

Title Member-Manager

Issued 05/01/2007

Do Not Tape or Staple

200707006691