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|--|------------------|--|-------|---|---------|------------------|--|
| No. W 75643 | | Due no later than Jun 30, 2009 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form | | SCOTT R LEWIS 13150 W PERSIMMON LN BOISE ID 83713 | | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | SL VISION PLLC SCOTT R. LEWIS 13150 W PERSIMMON LN BOISE ID 83713 | | | | | |
| 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 | SCOTT R LEWIS OD | 13150 W PERSIMMON LN | BOISE | ID | USA | 83713 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 75643 | | Signature: Scott R. Lewis, O.D. | | | | Date: 06/15/2009 | |
| | | Name (type or print): Scott R. Lewis, O.D. | | | | Title: Member | |
| Processed 06/15/2009 | | * Electronically provided signatures are accepted as original signatures. | | | | | |