No. <b>W 107508</b>		Due no later than Oct 31, 2014		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		TERRY H WALKER				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  WALKER EYECARE ASSOCIATES, PLLC TERRY H WALKER 197 E CARVER DR MERIDIAN ID 83646			197 E CARVER DR MERIDIAN ID 83646  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Nai	mes and Addresses of a	at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	MANAGER TERRY H WALKER		197 E CARVER DR		MERIDIAN	ID	USA	83646
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Terry H. Walker			Date: 08/19/2014			
W 107508		Name (type or print): Terry H. Walker			Title: Manager			
Processed 08/19/2014 * Electronically provided signatures are accepted as original signatures.								