| No. **W 19278** | **Due no later than May 31, 2014**<br>**Annual Report Form** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **1. Mailing Address: Correct in this box if needed.**<br>FAMILY EYECARE SPECIALISTS, PLLC<br>WILLIAM T BLACK<br>420 E ELM ST<br>CALDWELL ID 83605 | WILLIAM T BLACK<br>420 E ELM ST<br>CALDWELL ID 83605<br><br>3. New 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 | WILLIAM T BLACK | 420 E ELM ST | CALDWELL | ID | USA | 83605 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **ID**<br>**W 19278** | Signature: William Black | Date: 04/08/2014 |
| | Name (type or print): William Black | Title: Owner |

Processed 04/08/2014

* Electronically provided signatures are accepted as original signatures.