

No. W 122430		Due no later than Feb 29, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ADVANCED VISION THERAPY CENTER, LLC KENDALL JOHNSON 4360 S OLD SPORT LN BOISE ID 83716-5612		KENDALL JOHNSON 4360 S OLD SPORT LN BOISE ID 83716-5612			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name KENDALL JOHNSON	Street or PO Address 4360 S OLD SPORT LN		City BOISE	State ID	Country USA	Postal Code 83716-5612
5. Organized Under the Laws of: ID W 122430		6. Annual Report must be signed.* Signature: Kendall Johnson Name (type or print): Kendall Johnson Date: 01/17/2016 Title: Manager					
Processed 01/17/2016 * Electronically provided signatures are accepted as original signatures.							