

No. <b>W 48278</b>		<b>Due no later than Mar 31, 2010</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  IDAHO EYE CARE ALLIANCE, LLC DR TODD WINBIGLER 939 E BEACON BOISE ID 83706		DR TODD WINBIGLER 939 W BEACON ST BOISE ID 83706			
				3. <u>New</u> 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	
MANAGER	TODD WINBIGLER	939 W. BEACON ST.	BOISE	ID	USA	83706	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 48278</b>		Signature: Todd D. Winbigler,O.D.				Date: 02/23/2010	
		Name (type or print): Todd D. Winbigler,O.D.				Title: Manager	
Processed 02/23/2010		* Electronically provided signatures are accepted as original signatures.					