

No. W 3206		Due no later than Dec 31, 2014 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. ELLENBECKER EYE CLINIC, P.L.L.C. WAYNE D ELLENBECKER, O.D. 2140 RIVERSTONE DR STE 101 COEUR D'ALENE ID 83814 USA		WAYNE D ELLENBECKER, O.D. 2140 RIVERSTONE DR STE 101 COEUR D'ALENE 83814			
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	Name	Street or PO Address		City	State	Country	Postal Code
MEMBER	WAYNE D ELLENBECKER, O.D.	2140 RIVERSTONE DR STE 101		COEUR D'ALENE	ID	USA	83814
MEMBER	CINDY L ELLENBECKER, O.D.	2140 RIVERSTONE DR STE 101		COEUR D'ALENE	ID	USA	83814
5. Organized Under the Laws of: ID W 3206		6. Annual Report must be signed.* Signature: Wayne D. Ellenbecker, OD Name (type or print): Wayne D. Ellenbecker, OD Date: 10/19/2014 Title: Optometrist/Gen Ptnr					
Processed 10/19/2014		* Electronically provided signatures are accepted as original signatures.					