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| No. W 135528 | | Due no later than Mar 31, 2018 | | 2. Registered Agent and Address (NO PO BOX) | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. EYE CARE SPECIALISTS NW, PLLC CHERYL DUMONT 1415 E LAKESHORE DR COEUR D ALENE ID 83814 USA | | ALL DAY \$49 IDAHO REGISTERED A 784 S CLEARWATER LOOP STE F POST FALLS ID 83854 | |
| | | | | 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 | CHERYL DUMONT | 1415 E LAKESHORE DRIVE | COEUR D ALENE | ID | USA 83814 |
| 5. Organized Under the Laws of: ID W 135528 | | 6. Annual Report must be signed.* Signature: Cheryl Dumont Name (type or print): Cheryl Dumont Date: 01/27/2018 Title: Optometrist | | | |
| Processed 01/27/2018 | | * Electronically provided signatures are accepted as original signatures. | | | |