

No. W 91404		Due no later than Mar 31, 2018 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. EYE CARE ASSOCIATES OF SOUTHEAST IDAHO, PLLC C/O TODD F BIRCH OD 3351 MERLIN DR IDAHO FALLS ID 83404		TODD F BIRCH 984 W RIVERVIEW DR IDAHO FALLS ID 83401			
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 TODD F. BIRCH	Street or PO Address 3351 MERLIN DRIVE		City IDAHO FALLS	State ID	Country USA	Postal Code 83404
5. Organized Under the Laws of: ID W 91404		6. Annual Report must be signed.* Signature: TODD F. BIRCH Name (type or print): TODD F. BIRCH Date: 02/27/2018 Title: MANAGER					
Processed 02/27/2018 * Electronically provided signatures are accepted as original signatures.							