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|--|---------------|--|-------------|--|---------|------------------|--|
| No. W 91404 | | 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 | | 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 | | | |
| | | | | 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 F. BIRCH | 3351 MERLIN DRIVE | IDAHO FALLS | ID | USA | 83404 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 91404 | | Signature: TODD F. BIRCH | | | | Date: 02/27/2018 | |
| | | Name (type or print): TODD F. BIRCH | | | | Title: MANAGER | |
| Processed 02/27/2018 | | * Electronically provided signatures are accepted as original signatures. | | | | | |