No. W 101147 Return to:		Due no later than Mar 31, 2017 Annual Report Form		_	2. Registered Agent and Address (NO PO BOX) FAMILY EYECARE SPECIALISTS PLLC				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. OCONIK, LLC FAMILY EYECARE SPECIALISTS PLLC 420 E ELM ST CALDWELL ID 83605		•	420 E ELM ST CALDWELL ID 83605 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE									
4. Limited Liability Compan	nies: Enter Na	mes and Addresse	s of at least one Member or Manager.						
Office Held	Name		Street or PO Address	C	City	State	Country	Postal Code	
MANAGER	WILLIAM T	BLACK	420 E ELM STREET	C	CALDWELL	ID	USA	83605	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID		Signature: William T Black			Date: 01/24/2017				
W 101147		Name (type or print): William T Black			Title: Manager				
Processed 01/24/2017	* Electronically provided signatures are accepted as original signatures.								