

No. W 91404	Due no later than Mar 31, 2011 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. EYE CARE ASSOCIATES OF SOUTHEAST IDAHO, PLLC BART M DAVIS ESQ PO BOX 50660 IDAHO FALLS ID 83405-0660		BART M DAVIS ESQ 1075 S UTAH STE 322 IDAHO FALLS ID 83402-0660			
			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	MARSHAL MERRELL	3351 MERLIN DRIVE	IDAHO FALLS	ID	USA	83404
MANAGER	TODD F. BIRCH	3351 MERLIN DRIVE	IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of: ID W 91404	6. Annual Report must be signed.* Signature: Bart M. Davis Name (type or print): Bart M. Davis Date: 01/19/2011 Title: Registered Agent					
Processed 01/19/2011		* Electronically provided signatures are accepted as original signatures.				