

No. W 23695	Due no later than Apr 30, 2013 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. POCATELLO EYE CARE, PLLC JOHN M FORNAROTTO MD 246 N 18TH AVE POCATELLO ID 83201		JOHN M FORNAROTTO MD 246 N 18TH AVE POCATELLO ID 83201			
			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
MEMBER	JOHN M FORNAROTTO MD	246 N 18TH AVE	POCATELLO	ID	USA	83201
5. Organized Under the Laws of: ID W 23695	6. Annual Report must be signed.* Signature: Jennifer Sanders Name (type or print): Jennifer Sanders		Date: 03/18/2013 Title: Bookkeeper			
Processed 03/18/2013		* Electronically provided signatures are accepted as original signatures.				