

No. <b>W 54085</b>		<b>Due no later than Sep 30, 2007</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> ASPEN RIDGE EYE CARE, PLLC JERRY CARLSON 3751 SILVERWOOD CIR IDAHO FALLS ID 83406		JERRY CARLSON 3751 SILVERWOOD CIR IDAHO FALLS ID 83406			
				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	JERRY CARLSON	3751 SILVERWOOD CIR	IDAHO FALLS	ID	USA	83406	
5. Organized Under the Laws of:  <b>ID W 54085</b>		6. Annual Report must be signed.* Signature: Jerry Carlson Name (type or print): Jerry Carlson Date: 07/31/2007 Title: Manager					
Processed 07/31/2007		* Electronically provided signatures are accepted as original signatures.					