

No. W 48910		Due no later than Mar 31, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. ICARE OPTICAL, LLC MUHAMED HADZIC 13239 W FERNLEAF ST BOISE ID 83713		MUHAMED HADZIC 1017 12TH AVE SOUTH NAMPA ID 83651			
				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	MUHAMED HADZIC	13239 W FERNLEAF ST	BOISE	ID	USA	83713	
5. Organized Under the Laws of: ID W 48910		6. Annual Report must be signed.* Signature: Muhamed Hadzic Name (type or print): Muhamed Hadzic					
		Date: 01/30/2014 Title: Owner					
Processed 01/30/2014		* Electronically provided signatures are accepted as original signatures.					