

No. W 61999		Due no later than Apr 30, 2015		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. CLEARVIEW FAMILY EYECARE, P.L.L.C. CHARLES R NICHOLSON OD 11513 W FAIRVIEW STE 106 BOISE ID 83713		CHARLES R NICHOLSON OD 11513 W FAIRVIEW AVE STE 106 BOISE 83713			
				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	CHARLES R NICHOLSON OD	11955 W ALBANY DR	BOISE	ID	USA	83713	
MANAGER	YON H KU, OD	11955 W ALBANY DR	BOISE	ID		83713	
5. Organized Under the Laws of: ID W 61999		6. Annual Report must be signed.* Signature: Charles Nicholson Name (type or print): Charles Nicholson Date: 02/18/2015 Title: Manager					
Processed 02/18/2015		* Electronically provided signatures are accepted as original signatures.					