

No. W 112593		Due no later than Mar 31, 2017		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. PEND OREILLE VISION CARE, LLC NATHANEAL HARRELL 514 OAK ST UNIT A SANDPOINT ID 83864		NATHANEAL HARRELL 514 OAK ST UNIT A SANDPOINT ID 83864			
				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	NATHANEAL HARRELL	514 OAK ST	SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 112593		Signature: Nathaneal Harrell				Date: 01/20/2017	
		Name (type or print): Nathaneal Harrell				Title: Owner/President	
Processed 01/20/2017		* Electronically provided signatures are accepted as original signatures.					