

No. W 112593		Due no later than Mar 31, 2017 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		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			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name NATHANEAL HARRELL	Street or PO Address 514 OAK ST		City SANDPOINT	State ID	Country USA	Postal Code 83864
5. Organized Under the Laws of: ID W 112593		6. Annual Report must be signed.* Signature: Nathaneal Harrell Name (type or print): Nathaneal Harrell Date: 01/20/2017 Title: Owner/President					
Processed 01/20/2017 * Electronically provided signatures are accepted as original signatures.							