No. <b>W 122330</b>	Due no later than Feb 28, 2018	2. Registered Agent and Address (NO PO BOX)				
Return to:	Annual Report Form	TODD F BIRCH				
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	984 W RIVERVIEW DR IDAHO FALLS ID 83401				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	EYECARE ASSOCIATES GROUP, PLLC C/O TODD F BIRCH OD 3351 MERLIN DR	3. New Registered Agent Signature:*				
	IDAHO FALLS ID 83404					
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Companies: Enter Na	mes and Addresses of at least one Member or Manager.					
Office Held Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER TODD F BIRCH 984 W. RIVERVIEW DRIVE		IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
ID	Signature: Todd F. Birch	Date: 02/27/2018				
W 122330	W 122330 Name (type or print): Todd F. Birch		Title: MANAGER			
Processed 02/27/2018	* Electronically provided signatures are accepted as original signatures.					