

No. W 45694		Due no later than Dec 31, 2014 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. VESTER EYE CLINIC, LLC LAUREL A VESTER 425 PINE ST WALLACE ID 83873 USA		DICK L VESTER 425 PINE ST WALLACE 83873			
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 MEMBER	Name DICK L VESTER	Street or PO Address 425 PINE ST		City WALLACE	State ID	Country USA	Postal Code 83873
5. Organized Under the Laws of: ID W 45694		6. Annual Report must be signed.* Signature: Laurel A Vester Name (type or print): Laurel A Vester Date: 10/15/2014 Title: asst. mgr					
Processed 10/15/2014 * Electronically provided signatures are accepted as original signatures.							