

No. W 45694		Due no later than Dec 31, 2014		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		Annual Report Form 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			
				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	
MEMBER	DICK L VESTER	425 PINE ST	WALLACE	ID	USA	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.					