No. W 122330		Due no later than Feb 28, 2017		2	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			TODD F BIRCH			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. EYECARE ASSOCIATES GROUP, PLLC BART M DAVIS PO BOX 50660 IDAHO FALLS ID 83405			984 W RIVERVIEW DR IDAHO FALLS ID 83401 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Na	mes and Addresses of a	at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER TODD F BIR		RCH	984 W. RIVERVIEW DRIVE		IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Bart M. Davis			Date: 01/05/2017			
W 122330		Name (type or print): Bart M. Davis			Title: Attorney at Law			
Processed 01/05/2017 * Electronically provided signatures are accepted as original signatures.								