

No. J 185		Due no later than Mar 31, 2012 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. BURLEY EYE CARE CENTER, LLP JACK G ZARYBNISKY, O.D. 1970 OVERLAND AVE BURLEY ID 83318		JACK G ZARYBNISKY, O.D. 1970 OVERLAND AVE BURLEY ID 83318			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PARTNER	JACK G ZARYBNISKY, O.D.	1970 OVERLAND AVE	BURLEY	ID	USA	83318	
PARTNER	DELBERT OMAN, O.D.	1970 OVERLAND AVE	BURLEY	ID	USA	83318	
5. Organized Under the Laws of: ID J 185		6. Annual Report must be signed.* Signature: Jack G. Zarybnisky Name (type or print): Jack G. Zarybnisky					
Processed 01/12/2012		Date: 01/12/2012 Title: Partner * Electronically provided signatures are accepted as original signatures.					