

No. W 28144		Due no later than Jan 31, 2012		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		THOMAS SIMMONS O.D. 7389 S. HWY 33 VICTOR ID 83455			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		TETON VALLEY VISION CLINIC, PLLC. THOMAS L SIMMONS PO BOX 979 VICTOR ID 83455					
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	
MANAGER	THOMAS SIMMONS	51 S 300 W	BRIGHAM CITY	UT	USA	84302	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 28144		Signature: Thomas Simmons				Date: 03/16/2012	
		Name (type or print): Thomas Simmons				Title: Owner	
Processed 03/16/2012		* Electronically provided signatures are accepted as original signatures.					