

No. <b>W 48910</b>		<b>Due no later than Mar 31, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )		
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  ICARE OPTICAL, LLC MUHAMED HADZIC 13239 W FERNLEAF ST BOISE ID 83713		MUHAMED HADZIC 1017 12TH AVE SOUTH NAMPA ID 83651		
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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 MUHAMED HADZIC	Street or PO Address 13239 W FERNLEAF ST	City BOISE	State ID	Country	Postal Code 83713
5. Organized Under the Laws of:  <b>ID</b> <b>W 48910</b>		6. Annual Report must be signed.*  Signature: MUHAMED HADZIC Name (type or print): MUHAMED HADZIC  Date: 01/21/2016 Title: MEMBER/OWNER				
Processed 01/21/2016 * Electronically provided signatures are accepted as original signatures.						