

No. W 48910		Due no later than Mar 31, 2016		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. ICARE OPTICAL, LLC MUHAMED HADZIC 13239 W FERNLEAF ST BOISE ID 83713		MUHAMED HADZIC 1017 12TH AVE SOUTH NAMPA ID 83651	
				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	MUHAMED HADZIC	13239 W FERNLEAF ST	BOISE	ID	83713
5. Organized Under the Laws of: ID W 48910		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.			