No. <b>W 2102</b> Return to:		Due no later than Feb 28, 2014 Annual Report Form  1. Mailing Address: Correct in this box if needed.  DEAN LLC JAMES K DEAN 343 W IOWA AVE NAMPA ID 83686 USA		2	2. Registered Agent and Address (NO PO BOX)  JAMES K DEAN 343 W IOWA AVE NAMPA ID 83686  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080								
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Nar	mes and Addresses of a	t least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	KEVIN G DE	AN	343 W IOWA AVE		NAMPA	ID	USA	83686
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: James K. Dean, O.D. Date: 01/07/2014						
W 2102		Name (type or print): James K. Dean, O.D.			Title: Owner/optometrist			
Processed 01/07/2014 * Electronically provided signatures are accepted as original signatures.								