

No. W 123311		Due no later than Mar 31, 2015		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		1. Mailing Address: Correct in this box if needed. VISION THERAPY DOCTOR PLLC RYAN JOHNSON 7960 W RIFLEMAN #150 BOISE ID 83704		RYAN JOHNSON 7960 W RIFLEMAN #150 BOISE 83704			
				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	RYAN JOHNSON	7960 W RIFLEMAN ST # 150	BOISE	ID	USA	83704	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 123311		Signature: Ryan Johnson				Date: 01/19/2015	
		Name (type or print): Ryan Johnson				Title: OD	
Processed 01/19/2015		* Electronically provided signatures are accepted as original signatures.					