

No. <b>W 23695</b>	<b>Due no later than Apr 30, 2015</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> POCATELLO EYE CARE, PLLC JOHN M FORNAROTTO MD 246 N 18TH AVE POCATELLO ID 83201		JOHN M FORNAROTTO MD 246 N 18TH AVE POCATELLO 83201			
			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	JOHN M FORNAROTTO MD	500 UNIVERSITY DRIVE	POCATELLO	ID		83201
5. Organized Under the Laws of:  <b>ID</b> <b>W 23695</b>		6. Annual Report must be signed.* Signature: Jennifer Sanders Name (type or print): Jennifer Sanders		Date: 03/25/2015 Title: Bookkeeper		
Processed 03/25/2015		* Electronically provided signatures are accepted as original signatures.				