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| No. C 45734 | Annual Report Form 1996 Due No Later Than November 30, | | 2. Registered Agent and Office NOT A P.O. BOX |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE * | 1. Mailing Address - Please Correct, If Not Correct LEWISTON EYE CLINIC, P.A. E. M. BALDECK 2214 VINEYARD AVENUE LEWISTON ID 83501 | | EUGENE M. BALDECK 2214 VINEYARD AVENUE LEWISTON ID 83501 3. Organized Under the Laws of: ID C 45734 |

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**
 Limited Liability Companies: Enter Names and Addresses of ☐ **Managers** or ☐ **Members** (check one)

| Office held | Name | Street or P.O. Address | City | State | Zip |
|-------------|------------------|------------------------|----------|-------|-------|
| President | Eugene M Baldeck | 311 Karin Ct | Lewiston | Idaho | 83501 |
| Secretary | Carol A Baldeck | 311 Karin Ct | Lewiston | Idaho | 83501 |

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| 5. NATURE OF BUSINESS OPHTHALMOLOGY | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Eugene M Baldeck</u> Date <u>8/8/96</u> e (Typed or Printed) <u>Eugene M Baldeck</u> Title <u>President</u> |
|--|--|

ISSUED: 07-06-1996

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