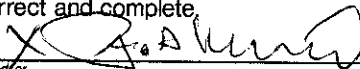


No. 044824 Return To Secretary of State Room 203, Statehouse Boise, ID 83720 RECEIVED SEC. OF STATE 87 NOV 16 am 10 29	Idaho Corporation Annual Report Form <i>Due No Later Than November 1, 1987</i> 1. Mailing Address — Please Correct 044824 NORTH IDAHO EYE INSTITUTE, P.A. ROY TOYAMA 1814 LINCOLN WAY COEUR D' ALENE, ID 83814	2. Registered Agent and Office DAVID A WOLD M.O. 1814 LINCOLN WAY COEUR D' ALENE, IDAHO 83814 3. Incorporated Under The Laws of ENTERED <div style="text-align: right;">NOV 16 1987</div> <div style="text-align: center;">STATE OF IDAHO</div>																														
4. Names and Addresses of Officers and Directors																																
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 30%; text-align: center;"><u>Name</u></th> <th style="width: 30%; text-align: center;"><u>Street or P.O. Address</u></th> <th style="width: 10%; text-align: center;"><u>City</u></th> <th style="width: 10%; text-align: center;"><u>State</u></th> <th style="width: 5%; text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>RODERICK KENT</td> <td>1814 LINCOLN WAY ,</td> <td>COEUR D' ALENE,</td> <td>IDAHO</td> <td>83814</td> </tr> <tr> <td>Secretary:</td> <td>PATRICK PARDEN</td> <td>1814 LINCOLN WAY,</td> <td>COEUR D' ALENE,</td> <td>IDAHO</td> <td>83814</td> </tr> <tr> <td>Directors:</td> <td>ROY TOYAMA</td> <td style="text-align: center;">"</td> <td style="text-align: center;">"</td> <td style="text-align: center;">"</td> <td style="text-align: center;">"</td> </tr> <tr> <td></td> <td>DAVID WOLD</td> <td style="text-align: center;">"</td> <td style="text-align: center;">"</td> <td style="text-align: center;">"</td> <td style="text-align: center;">"</td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	RODERICK KENT	1814 LINCOLN WAY ,	COEUR D' ALENE,	IDAHO	83814	Secretary:	PATRICK PARDEN	1814 LINCOLN WAY,	COEUR D' ALENE,	IDAHO	83814	Directors:	ROY TOYAMA	"	"	"	"		DAVID WOLD	"	"	"	"
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5. Nature of Business EYE CARE	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  Name (Typed or Printed) _____ Date _____ Title _____																															