

No. C 48341	Annual Report Form Due No Later Than November 30, 1997		2. Registered Agent and Office NOT A P.O. BOX DR DAVID R ANDERSON 530 SOUTH HOLMES IDAHO FALLS ID 83401	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1 Mailing Address - Please Correct if Not Correct EYE CLINIC OF IDAHO FALLS, P DAVID R ANDERSON MD PO BOX 2410		3. Organized Under the Laws of: ID C 48341	
* FIRST NOTICE *				
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u> <u>Zip</u>
PRESIDENT	DAVID R. ANDERSON, M.D.	P.O. Box 2410	I. F.	ID. 83401-2410
SECRETARY	LEE ANDERSON	"	"	" "
5.		6. Signature <u>David R Anderson</u> Date <u>7-16-97</u> Name (Typed or Printed) <u>DAVID R. ANDERSON, M.D.</u> Title <u>PRESIDENT</u>		

ISSUED: 07-04-1997

DO NOT TAPE OR STAPLE

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