

## INSTRUCTIONS ON REVERSE SIDE

ISSUED: 04-30-1995

|                                                                                 |                                                               |                                               |
|---------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------|
| No. 77831                                                                       | Idaho Corporation Annual Report Form                          | 2. Registered Agent and Office NOT A P.O. BOX |
| Return To                                                                       | Due No Later Than November 30, 1995                           | LAUREN D. GRAVES<br>319 S. IDAHO              |
| Secretary of State<br>700 W Jefferson<br>P.O. Box 83720<br>Boise, ID 83720-0080 | 1. Mailing Address -- Please Correct If Not Correct           | GRANGEVILLE ID 83530                          |
| ** FINAL NOTICE **<br>NO FEE REQUIRED                                           | L. D. GRAVES, O.D., P.A.<br>DR. L. D. GRAVES<br>P. O. BOX 504 | 3. Incorporated Under The Laws of             |
|                                                                                 | GRANGEVILLE ID 83530                                          | ID<br>NO: 77831                               |

## 4. Names and Addresses of Officers and Directors

| Name                              | Street or P.O. Address | City               | State | Postal Code |
|-----------------------------------|------------------------|--------------------|-------|-------------|
| President: Lauren D. Graves, O.D. | 321 West Main          | Grangeville, Idaho | 83530 |             |
| Secretary: Ruby Rylaarsdam        | 113 East South 2nd     | Grangville, Idaho  | 83530 |             |
| Directors:                        |                        |                    |       |             |

5. Nature of Business  
eye examination  
retail optical goods.

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

Ruby Rylaarsdam

Date

10-10-95

Name  
(Typed or Printed)

Ruby Rylaarsdam

Title

Sec/Treas.