

No. 79012	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991		2. Registered Agent and Office NOT A P.O. BOX																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	1. Mailing Address - Please Correct If Not Correct		MICHAEL R. PINARD 714 "D" STREET LEWISTON ID 83501																									
	RINARD OPTICAL LAB, INC. JONES & JONES 1304 IDAHO STREET LEWISTON ID 83501		3. Incorporated Under The Laws of ID NO: 079012																									
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Mike Rinard</td> <td>1683 Old Spiral Highway</td> <td>Lewiston</td> <td>Id.</td> <td>83501</td> </tr> <tr> <td>Secretary:</td> <td>Steve Rann</td> <td>2009 Birch Ave</td> <td>Lewiston</td> <td>Id</td> <td>83501</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	Mike Rinard	1683 Old Spiral Highway	Lewiston	Id.	83501	Secretary:	Steve Rann	2009 Birch Ave	Lewiston	Id	83501	Directors:					
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5. Nature of Business <i>Optical Wholesale/Retail</i>		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 <i>Michael Pinard</i> Name (Typed or Printed) _____ Date <i>8-15-91</i> Title <i>President</i>																										