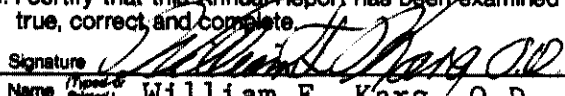
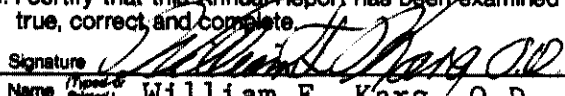
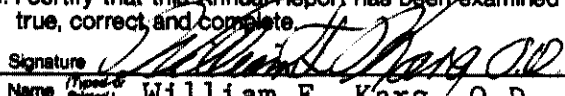


INSTRUCTIONS ON REVERSE SIDE

No. 57168	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																					
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Due No Later Than November 1, 1991		WILLIAM F. KARG O.D.P.A.																					
	1. Mailing Address Please Correct If Not Correct		175 CHESTNUT																					
	WILLIAM F. KARG, O.D., P.A. WILLIAM F. KARG		IDAHO FALLS ID 83401																					
	175 CHESTNUT STREET		3. Incorporated Under The Laws of ID																					
	IDAHO FALLS ID 83401		NO: 057168																					
4. Names and Addresses of Officers and Directors																								
<table border="1"> <thead> <tr> <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: William F. Karg, O.D.</td> <td>175 Chestnut St.</td> <td>Idaho Falls</td> <td>Idaho</td> <td>83402</td> </tr> <tr> <td>Secretary: Norma Karg</td> <td>309 Pinon Dr.</td> <td>Idaho Falls</td> <td>Idaho</td> <td>83401</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President: William F. Karg, O.D.	175 Chestnut St.	Idaho Falls	Idaho	83402	Secretary: Norma Karg	309 Pinon Dr.	Idaho Falls	Idaho	83401	Directors:				
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Directors:																								
5. Nature of Business Optometry		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td></td> <td>8/30/91</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Title</td> </tr> <tr> <td>William F. Karg, O.D.</td> <td>Optometrist</td> </tr> </table>			Signature	Date		8/30/91	Name (Typed or Printed)	Title	William F. Karg, O.D.	Optometrist												
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