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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| No. C 55275                                                                                                                                                                                                                                                                        | <b>Annual Report Form</b><br><i>Due No Later Than November 30,</i> 1996                                                                                                 | 2. Registered Agent and Office <b>NOT A P.O. BOX</b><br><br>CHARLES P. LAWLESS M.D.<br>1777 EAST CLARK STREET<br><br>POCATELLO ID 83201 |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FEE REQUIRED</b><br><br><b>* FIRST NOTICE *</b>                                                                                                                        | 1. Mailing Address - Please Correct, If Not Correct<br><br>CHARLES P. LAWLESS, M.D., P.<br>CHARLES P. LAWLESS, M.D.<br>1777 EAST CLARK STREET<br><br>POCATELLO ID 83201 | 3. Organized Under the Laws of:<br><br>ID C 56275                                                                                       |
| 4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b><br>Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)                                             |                                                                                                                                                                         |                                                                                                                                         |
| <u>Office held</u>                                                                                                                                                                                                                                                                 | <u>Name</u>                                                                                                                                                             | <u>Street or P.O. Address</u>                                                                                                           |
| <b>PRESIDENT</b>                                                                                                                                                                                                                                                                   | <b>CHARLES P. LAWLESS, M.D.</b>                                                                                                                                         | <b>1777 E CLARK, SUITE 310 POCATELLO, ID 83201-3357</b>                                                                                 |
| <b>SECRETARY</b>                                                                                                                                                                                                                                                                   | <b>EARL CHESTER, JR., M.D.</b>                                                                                                                                          | <b>115 SOUTH 15TH POCATELLO, ID 83201</b>                                                                                               |
| 5. NATURE OF BUSINESS<br><br>H<br>OPHTHALMOLOGY<br><b>MEDICAL-OPHTHALMOLOGY</b>                                                                                                                                                                                                    |                                                                                                                                                                         |                                                                                                                                         |
| 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.<br>Signature <u>CHARLES P. LAWLESS, M.D.</u> Date <u>7-29-96</u><br><br>Name (Typed or Printed) <u>CHARLES P. LAWLESS, M.D.</u> Title <u>PRESIDENT</u> |                                                                                                                                                                         |                                                                                                                                         |

ISSUED: 07-06-1996

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