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| No.<br><br>Return To<br><br>Secretary of State<br>Room 203, Statehouse<br>Boise, ID 83720<br><br>★ FIRST NOTICE ★<br>NO FEE REQUIRED | <b>Idaho Corporation Annual Report Form</b><br>Due No Later Than November 1, 1992<br>1 Mailing Address - Please Correct If Not Correct<br>PAUL D. WHITESIDES, O.D., P.A.<br>PAUL D. WHITESIDES<br>8373 EMERALD<br><br>BOISE ID 83704 0000 | 2. Registered Agent and Office NOT A P.O. BOX<br>PAUL D. WHITESIDES<br>8373 EMERALD<br><br>BOISE ID 83704<br><br>3. Incorporated Under The Laws<br>of <u>ID</u><br>NO: 74241 |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| 4. Names and Addresses of Officers and Directors | Name                     | Street or P.O. Address | City  | State | Zip   |
|--------------------------------------------------|--------------------------|------------------------|-------|-------|-------|
| President:                                       | Paul D. Whitesides, O.D. | 8373 Emerald           | Boise | ID    | 83704 |
| Secretary:                                       | Bonnie M. Whitesides     | 8373 Emerald           | Boise | ID    | 83704 |
| Directors:                                       | N/A                      |                        |       |       |       |

|                                    |                                                                                                                                                                                                                                                                                |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5. Nature of Business<br>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.<br>Signature <u>Paul D. Whitesides, O.D.</u> Date <u>7-13-92</u><br>Name (Typed or Printed) <u>Paul D. Whitesides, O.D.</u> Title <u>President</u> |
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