INSTRUCTIONS ON REVERSE SIDE

ISSUED: 07-04-1995

No. 48341

Idaho Corporation Annual Report Form

Due No Later Than November 30, 1995

Return To

Secretary of State
700 W Jefferson
P.O. Box 83720
Boise, ID 83720-0080

* FIRST NOTICE *
NO FEE REQUIRED

1. Mailing Address -- *Please Correct If Not Correct*

EYE CLINIC OF IDAHO FALLS, P.A.
DAVID R ANDERSON MD
PO BOX 2410

IDAHO FALLS ID 83403-2410

2. Registered Agent and Office NOT A P.O. BOX

DR DAVID R ANDERSON
530 SOUTH HOLMES

IDAHO FALLS ID 83401

3. Incorporated Under The Laws of

ID
NO: 48341

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Postal Code
President:	DAVID R ANDERSON, M.D.	P.O. Box 2410	IDAHO FALLS,	ID	83403
Secretary:	LEE ANDERSON	"	"	"	"
Directors:					

5. Nature of Business

OPHTHALMOLOGY

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 David R Anderson Date 7-11-95

Name (Typed or Printed) DAVID R. ANDERSON, M.D. Title PRESIDENT/OWNER