

INSTRUCTIONS ON REVERSE SIDE

ISSUED OCTOBER 12, 1989

78151 No.		Idaho Corporation Annual Report Form Due No Later Than November 1, 1989		2. Registered Agent and Office KRISTAN SPARKS 169 S. EMERSON	
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * SEC OF STATE ** FINAL NOTICE ** NO FEE REQUIRED 88 OCT 23 PM 2 22		1. Mailing Address - Please Correct KRISTAN SPARKS, O.D., P.A. KRISTAN SPARKS P.O. BOX 547 SHELLEY ID 83274		78151 SHELLEY ID 83274	
				3. Incorporated Under The Laws of IDAHO NO: 78151	

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Zip
President:	Kristan Sparks	P.O. Box 547	Shelley	Id.	83274
Secretary:	"	"	"	"	"
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.

Signature

Name (Type or
Printed)Kristan Sparks
Kristan Sparks

Date 10/17/89

Title OWNER optometrist