

No. 91104	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		RANDY LEE 1070 NORTH CURTIS SUITE 130 BOISE ID 83706																					
	1. Mailing Address: Please Correct If Not Correct																							
	OPTOMETRIC CENTER, P.A. RANDY LEE 1070 NORTH CURTIS SUITE 130 BOISE ID 83706		3. Incorporated Under The Laws of ID NO: 091104																					
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: R.D. Mayhew, OD</td> <td>3609 Concord River Dr</td> <td>Boise</td> <td>ID</td> <td>83706</td> </tr> <tr> <td>Secretary: R.D. Lee, OD</td> <td>8620 W. Attwater Dr.</td> <td>Boise</td> <td>ID</td> <td>83712</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: R.D. Mayhew, OD	3609 Concord River Dr	Boise	ID	83706	Secretary: R.D. Lee, OD	8620 W. Attwater Dr.	Boise	ID	83712	Directors:				
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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>R.D. Lee, OD</td> <td>Date</td> <td>7/10/91</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>R.D. Lee, OD</td> <td>Title</td> <td>Secretary, Treasurer</td> </tr> </table>			Signature	R.D. Lee, OD	Date	7/10/91	Name (Typed or Printed)	R.D. Lee, OD	Title	Secretary, Treasurer												
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