INSTRUCTIONS ON REVERSE SIDE

ISSUED: 10-02-1993

No. 78151

REINSTATEMENT

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720

** FINAL NOTICE **
NO FEE REQUIRED

Idaho Corporation Annual Report Form

[redacted]

1. Mailing Address — *Please Correct, If Not Correct*

KRISTAN SPARKS, O.D., P.A.
KRISTAN SPARKS
P.O. BOX 547

SHELLEY ID 83274

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

KRISTAN SPARKS
169 S. EMERSON

SHELLEY ID 83274

3. Incorporated Under The Laws of ID
NO: 78151

4. Names and Addresses of Officers and Directors — MUST BE PRINTED OR TYPED

	Name	Street or P.O. Address	City	State	Zip
President:	Kristan Sparks	P.O. Box 541	Shelley	Id.	83274
Secretary:	" "	"	"	"	"
Directors:	" "	"	"	"	"
		"	"	"	"

5. Nature of Business

Optometric practice

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 Kristan Sparks

Name (Typed or Printed) Kristan Sparks

Date 12/28/93

Title owner