

## INSTRUCTIONS ON REVERSE SIDE

ISSUED: 07-05-1994

No. 44501	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1994	2. Registered Agent and Office <b>NOT A P.O. BOX</b>
Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>P.O. BOX 83720</b> <b>Boise, ID 83720-0080</b>  * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address — <i>Please Complete If Not Current</i>  ADKINS - FULWYLER PROFESSIONAL HOWARD E ADKINS 999 N CURTIS AVE STE 402  BOISE ID 83706	HOWARD E ADKINS 999 N CURTIS RD STE 402  BOISE ID 83706  3. Incorporated Under The Laws of ID NO: 44501

## 4. Names and Addresses of Officers and Directors

MUST BE PRINTED OR TYPED

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	Howard E. Adkins, M.D.	999 N. Curtis Ste 402	BOISE	ID	83706
Secretary:	Robert L. Fulwyler, M.D.	999 N Curtis Ste 402	BOISE	ID	83706
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

Name (Typed or Printed)

  
 HOWARD E. ADKINS, M.D.

Date

Title

7-27-94

PRESIDENT/PHYSICIAN