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INSTRUCTIONS ON REVERSE SIDE

ISSUED: 10-1-1994

No. 85065	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 ** FINAL NOTICE ** NO FEE REQUIRED	Due No Later Than November 1, 1994	THOMAS W. WOODWARD, O.D. 304 EAST MAIN
	1. Mailing Address — Please Correct, If Not Correct IDAHO EYECARE SERVICES, INC. THOMAS W. WOODWARD, O.D. 304 EAST MAIN EMMETT ID 83617	EMMETT ID 83617 3. Incorporated Under The Laws of ID NO: 85065

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:	Scott Pressman, M.D.	901 N. Curtis Rd. Suite 302	Boise	ID 83706		
Secretary:	Thomas W. Woodward, O.D.	304 E. Main	Emmett	ID 83617		
Directors:						
5. Nature of Business Inactive	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="0"> <tr> <td data-bbox="520 904 1139 970"> Signature <i>Thomas W. Woodward</i> Name (Typed or Printed) </td> <td data-bbox="1139 904 1600 970"> Date <i>10/20/94</i> Title </td> </tr> </table>				Signature <i>Thomas W. Woodward</i> Name (Typed or Printed)	Date <i>10/20/94</i> Title
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