| No | . c10551 | | | Annual Re Due No Later Th | | | 1995 | 2. Registered Age | ent and Office I | NOT A P.O. BOX | ×) |
|--|--|--------------------|--|------------------------------------|------------|---|--------------------------------------|---------------------------------|------------------|----------------------------------|----|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | | 1. Mailing Address - Please Correct, If Not Correct TODD F. BIRCH, O.D., PROFESS BART M DAVIS, ESR. PO BOX 50660 | | | | 696 S PELLIN RD IDAHO FALLS ID 83402 | | | | |
| | NO FEE REQUIRE | D | | | | | | 3. Organized Under the Laws of: | | | |
| ** FINAL NOTICE ** ID | | | IDAHO | NHO FALLS ID 33495 06 | | | | ID | C105518 | | |
| | Corporations: Ente Limited Liability Co | | | | | | | check one) | | | |
| | Office held | <u>Name</u> | | Street or | P.O. Addre | <u>iss</u> | | City | <u>State</u> | Zip | ŀ |
| | President Secretary | Todd F. Traci B | | 175 Che 175 Che | | | | aho Falls aho Falls | ID ID | 83 4 02 83 4 02 | |
| | Directors: | Todd F. | Birch | 175 Che | stnut | | Id | aho Falls, | ID | 83402 | |
| | | | | | | | | | | • | |
| | NATURE OF BUSINESS | | s | 6. I certify that the knowledge tr | | | | xamined by me | and is to th | e best of my | |
| | OPTOMETR | | | Name (Typed or Printed) | TODO | F. B | ircut | Title | PRESIDE NIT | Jonnen ! | |
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