

No. 94787	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991	2. Registered Agent and Office NOT A P.O. BOX																								
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED		Mailing Address: <i>Please Correct If Not Correct</i> IDAHO FALLS VISION CENTER, MICHAEL J SAUL 554 3RD ST IDAHO FALLS ID 83401	MICHAEL J SAUL 554 3RD ST IDAHO FALLS ID 83401 3. Incorporated Under The Laws of ID NO: 094787																							
4. Names and Addresses of Officers and Directors																										
<table border="1"> <thead> <tr> <th data-bbox="34 362 417 436"></th> <th data-bbox="417 362 743 436"><u>Name</u></th> <th data-bbox="743 362 1070 436"><u>Street or P.O. Address</u></th> <th data-bbox="1070 362 1288 436"><u>City</u></th> <th data-bbox="1288 362 1404 436"><u>State</u></th> <th data-bbox="1404 362 1617 436"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="34 436 417 478">President:</td> <td data-bbox="417 436 743 478">Michael J. Saul</td> <td data-bbox="743 436 1070 478">SAME as</td> <td data-bbox="1070 436 1288 478"></td> <td data-bbox="1288 436 1404 478"></td> <td data-bbox="1404 436 1617 478"></td> </tr> <tr> <td data-bbox="34 478 417 521">Secretary:</td> <td data-bbox="417 478 743 521">K.L. Saul</td> <td data-bbox="743 478 1070 521"># 2</td> <td data-bbox="1070 478 1288 521"></td> <td data-bbox="1288 478 1404 521"></td> <td data-bbox="1404 478 1617 521"></td> </tr> <tr> <td data-bbox="34 521 417 838">Directors:</td> <td data-bbox="417 521 743 838">SAME</td> <td data-bbox="743 521 1070 838"></td> <td data-bbox="1070 521 1288 838"></td> <td data-bbox="1288 521 1404 838"></td> <td data-bbox="1404 521 1617 838"></td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Michael J. Saul	SAME as				Secretary:	K.L. Saul	# 2				Directors:	SAME				
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																					
President:	Michael J. Saul	SAME as																								
Secretary:	K.L. Saul	# 2																								
Directors:	SAME																									
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. Signature <u>Michael J. Saul</u> Date <u>7-18-91</u> Name <small>(Typed or Printed)</small> <u>Michael J. Saul</u> Title <u>Pres.</u>																									