INSTRUCTIONS ON REVERSE SIDE. PLEASE TYPE OR PRINT

No. 64007

Idaho Corporation Annual Report Form

Due No Later Than November 1, 1992

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720

* FIRST NOTICE *
NO FEE REQUIRED

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

JON E. HEITZMAN, OPTOMETRIST P.
JON E. HEITZMAN
P O BOX 39

MOUNTAIN HOME ID 83647 0000

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

JON E. HEITZMAN
855 WEST 6 SOUTH

MOUNTAIN HOME ID 83647

3. Incorporated Under The Laws of ID

NO: 64007

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Zip
President:	Jon Heitzman	11239 S. Tall Pines Way	Sandy	UT	84092
Secretary:	Nancy "	" "	"	"	"
Directors:	Jon Heitzman	" "	"	"	"

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 [signature] Date 7-13-92

Name (Typed or Printed) [illegible] Title Pres