

64007

No.	Idaho Corporation Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX
Return To	Due No Later Than November 1, 1992	JON E. HEITZMAN 855 WEST 6 SOUTH
Secretary of State Room 203, Statehouse Boise, ID 83720	1. Mailing Address — Please Correct, If Not Correct	MOUNTAIN HOME ID 83647
★ FIRST NOTICE ★ NO FEE REQUIRED	JON E. HEITZMAN, OPTOMETRIST P. JON E. HEITZMAN P O BOX 39	3. Incorporated Under The Laws of ID
	MOUNTAIN HOME ID 83647 0000	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

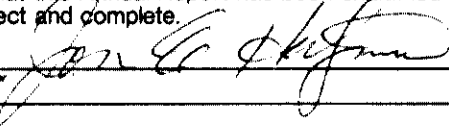
6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature

Name (Typed or Printed)

Date

Title



7-13-92

Pres