

INSTRUCTIONS ON REVERSE SIDE

No. 79419	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 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 1, 1993		JOHN H. MUTO, O.D. 1175 W. BOISE AVENUE BOISE ID 83706																									
	1 Mailing Address: IDAHO EYECARE CENTER, P.A. 1175 W. BOISE AVENUE BOISE ID 83706		3. Incorporated Under The Laws of ID NO: 79419																									
4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED																												
<table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>JOHN H. MUTO, O.D.</td> <td>3146 NO. 24TH WAY</td> <td>BOISE</td> <td>IDAHO</td> <td>83702</td> </tr> <tr> <td>Secretary:</td> <td>MARY ANN MUTO</td> <td>3146 NO. 24TH WAY</td> <td>BOISE</td> <td>IDAHO</td> <td>83702</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	JOHN H. MUTO, O.D.	3146 NO. 24TH WAY	BOISE	IDAHO	83702	Secretary:	MARY ANN MUTO	3146 NO. 24TH WAY	BOISE	IDAHO	83702	Directors:					
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Directors:																												
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: <i>[Signature]</i> Date: 7-13-93 Name (Printed): JOHN H. MUTO, O.D. Title: President																										