

No. C 83985	Annual Report Form 1996 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct		BRIAN J MCGOURTY OD 218 12TH AVENUE ROAD NAMPA ID 83686	
	EYE CARE ASSOCIATES, P.A. BRIAN J MCGOURTY 218 12TH AVENUE ROAD		3. Organized Under the Laws of:	
	* FIRST NOTICE * NAMPA ID 83686		ID C 83985	
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)				
<u>Office held</u> <u>Name</u> <u>Street or P.O. Address</u> <u>City</u> <u>State</u> <u>Zip</u>				
Pres. J-W. Vail, OD, 3417 N. Cole Rd Boise ID 83704 V.P. T.D. Winkler, OD, 634 E Boise Ave Boise ID 83706 Sec/Treas. B.J. McGourty, OD, 218 12th Ave Rd Nampa ID 83686				
5. NATURE OF BUSINESS PROFESSIONAL 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>[Signature]</u> Date <u>7/15/96</u> Name (Typed or Printed) <u>B.J. McGourty</u> Title <u>Sec/Treas.</u>		
ISSUED: 07-06-1996		16388		