

No.

C105404

Annual Report Form

1996

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

** FINAL NOTICE **

Due No Later Than November 30,

1. Mailing Address - Please Correct, if Not Correct

HAYDEN LAKE EYE CLINIC, P.A.

157 W HAYDEN AVE

HAYDEN

ID 83835

PAGE A FREDRICKSEN

157 W HAYDEN AVE

HAYDEN

ID 83835

3. Organized Under the Laws of:

ID

C105404

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)

Office heldNameStreet or P.O. AddressCityStateZip

President PAGE A. FREDRICKSEN 157 W. Hayden Ave., Hayden, ID 83835

Secretary LOU SBRAGIA 157 W. Hayden Ave., Hayden, ID 83835

Director PAGE A. FREDRICKSEN 157 W. Hayden Ave., Hayden, ID 83835

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 Page A. Fredrickson Date 10/16/96

Name (Typed or Printed) Page A. Fredrickson Title PRESIDENT

ISSUED: 10-05-1996

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