

No. 83985	Idaho Corporation Annual Report Form <i>Due No Later Than, November 1, 1991</i>	2. Registered Agent and Office																							
Return To REINSTATEMENT Secretary of State Room 803, Statehouse Boise, ID 83720 FORFEITED 12/01/1987 Reinstatement Fee: \$46.00	1. Mailing Address — <i>Please Correct</i> EYE CARE ASSOCIATES, P.A. BRIAN J MCGOURTY 218 12TH AVENUE ROAD NAMPA ID 83651	BRIAN J MCGOURTY 218 12TH AVENUE ROAD NAMPA ID 83651 3. Incorporated Under The Laws of IDAHO # 83985																							
4. Names and Addresses of Officers and Directors																									
	<table border="1"> <thead> <tr> <th data-bbox="470 399 536 420">Name</th> <th data-bbox="735 399 949 420">Street or P.O. Address</th> <th data-bbox="1164 399 1214 420">City</th> <th data-bbox="1362 399 1412 420">State</th> <th data-bbox="1478 399 1511 420">Zip</th> </tr> </thead> <tbody> <tr> <td data-bbox="46 452 156 473">President:</td> <td data-bbox="338 441 652 484"><i>JIM W. VAIL, O.D.</i></td> <td data-bbox="751 441 1015 473"><i>3417 N. COLE RD</i></td> <td data-bbox="1131 441 1214 473"><i>BOISE</i></td> <td data-bbox="1346 441 1395 473"><i>ID</i></td> <td data-bbox="1462 441 1577 473"><i>83704</i></td> </tr> <tr> <td data-bbox="46 484 156 505">Secretary:</td> <td data-bbox="338 489 726 532"><i>BRIAN J. MCGOURTY, O.D.</i></td> <td data-bbox="768 489 1032 526"><i>218 12TH AVE RD.</i></td> <td data-bbox="1131 489 1230 526"><i>NAMPA</i></td> <td data-bbox="1346 489 1395 526"><i>ID</i></td> <td data-bbox="1462 489 1577 526"><i>83651</i></td> </tr> <tr> <td data-bbox="46 516 156 537">Directors:</td> <td data-bbox="173 537 718 585"><i>(VKE Pres) TODD D. WINBIGLER, OD</i></td> <td data-bbox="768 542 1040 579"><i>634 E. BOISE AVE.</i></td> <td data-bbox="1131 542 1230 579"><i>BOISE</i></td> <td data-bbox="1346 542 1395 579"><i>ID</i></td> <td data-bbox="1462 542 1577 579"><i>83706</i></td> </tr> </tbody> </table>	Name	Street or P.O. Address	City	State	Zip	President:	<i>JIM W. VAIL, O.D.</i>	<i>3417 N. COLE RD</i>	<i>BOISE</i>	<i>ID</i>	<i>83704</i>	Secretary:	<i>BRIAN J. MCGOURTY, O.D.</i>	<i>218 12TH AVE RD.</i>	<i>NAMPA</i>	<i>ID</i>	<i>83651</i>	Directors:	<i>(VKE Pres) TODD D. WINBIGLER, OD</i>	<i>634 E. BOISE AVE.</i>	<i>BOISE</i>	<i>ID</i>	<i>83706</i>	<p style="text-align: right;">ENTERED JAN 10 1992</p>
Name	Street or P.O. Address	City	State	Zip																					
President:	<i>JIM W. VAIL, O.D.</i>	<i>3417 N. COLE RD</i>	<i>BOISE</i>	<i>ID</i>	<i>83704</i>																				
Secretary:	<i>BRIAN J. MCGOURTY, O.D.</i>	<i>218 12TH AVE RD.</i>	<i>NAMPA</i>	<i>ID</i>	<i>83651</i>																				
Directors:	<i>(VKE Pres) TODD D. WINBIGLER, OD</i>	<i>634 E. BOISE AVE.</i>	<i>BOISE</i>	<i>ID</i>	<i>83706</i>																				
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 <i>Todd D. Winbigler, OD</i> Name (Typed or Printed) TODD D. WINBIGLER, OD	Date <i>12-27-91</i> Title VICE PRES.																							