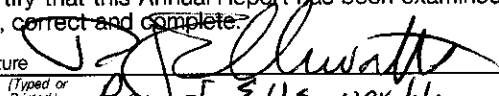
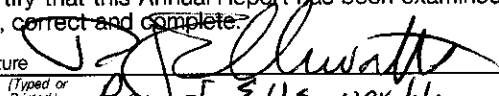
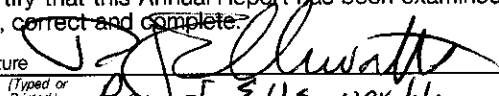


No. 51957	Idaho Corporation Annual Report Form		2. Registered Agent and Office																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Due No Later Than November 1, 1990		ROY J. ELLSWORTH 999 NORTH CURTIS ROAD BOISE ID 83706 610																									
	1. Mailing Address — Please Correct																											
	BOISE RETINA LAB, INC. ROY J. ELLSWORTH 999 N. CURTIS #317 BOISE ID 83706		3. Incorporated Under The Laws of ID NO: 051957																									
4. Names and Addresses of Officers and Directors <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>Roy J. Ellsworth MD</td> <td>999 N. Curtis #205</td> <td>Bo</td> <td>Id</td> <td>83706</td> </tr> <tr> <td>Secretary:</td> <td>Robert Fulwyler</td> <td>999 N. Curtis #402</td> <td>Bo</td> <td>Id</td> <td>83706</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:	Roy J. Ellsworth MD	999 N. Curtis #205	Bo	Id	83706	Secretary:	Robert Fulwyler	999 N. Curtis #402	Bo	Id	83706	Directors:					
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Secretary:	Robert Fulwyler	999 N. Curtis #402	Bo	Id	83706																							
Directors:																												
5. Nature of Business		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.																										
Medical Service		<table border="1"> <tr> <td data-bbox="569 923 702 976"> Signature <small>(Typed or Printed)</small> </td> <td data-bbox="702 923 1239 976">  Roy J. Ellsworth </td> <td data-bbox="1239 923 1618 976"> Date 7/12/90 Title Pres </td> </tr> </table>			Signature <small>(Typed or Printed)</small>	 Roy J. Ellsworth	Date 7/12/90 Title Pres																					
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