

No. C 87039	<b>Annual Report Form</b> Due No Later Than November 30, 1996		2. Registered Agent and Office <b>NOT A P.O. BOX</b>  RICHARD J. EGGLESTON M.D. 714 D ST  LEWISTON ID 83501
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  EYE CARE LASER AND SURGERY C RICHARD J. EGGLESTON M.D. 714 'D' STREET  LEWISTON ID 83501		3. Organized Under the Laws of:  ID C 87039
* FIRST NOTICE * LEWISTON ID 83501			
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> 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>
President	Richard J. Eggleston	714 D Street	Lewiston ID 83501
Vice President	Richard J. Eggleston	714 D Street	Lewiston ID 83501
Secretary/Treasurer	Elizabeth Eggleston	714 D Street	Lewiston ID 83501
5. NATURE OF BUSINESS  OPHTHALMOLOGY PRACTICE		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><i>Richard J. Eggleston</i></u> Date <u>7/30/96</u> Name (Typed or Printed) <u>Richard J. Eggleston, MD</u> Title <u>President</u>	

ISSUED: 07-06-1996

10717