

No. C115462

Annual Report Form

1996

Due No Later Than November 30,

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

DR. WILLIAM H. FATE, D.O., E

1446 MAIN ST

WILLIAM H FATE
1446 MAIN ST

LEWISTON ID 83501

3. Organized Under the Laws of:

ID C115462

* FIRST NOTICE *

LEWISTON ID 83501

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

Att William H. Fate 1446 main St Lewiston Id 83501

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

Date

7-31-96

Name

(Typed or Printed)

William H. Fate

Title

Pres

ISSUED: 07-06-1996

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