

## INSTRUCTIONS ON REVERSE SIDE

No. 105404

## Return To

**Secretary of State**  
**Room 203, Statehouse**  
**Boise, ID 83720**

**\*\* FINAL NOTICE \*\***  
**NO FEE REQUIRED**

## Idaho Corporation Annual Report Form

Due No Later Than November 1.

1. Mailing Address — *Please Correct, If Not Correct*

HAYDEN LAKE EYE CLINIC, P.A.

157 W HAYDEN AVE

HAYDEN

ID 83835

ISSUED 10/14/94  
 2. Registered Agent and Office

**PAGE A FREDRICKSEN**  
**157 W HAYDEN AVE**

**HAYDEN** ID **83835**

3. Incorporated Under The Laws  
 of

**ID**  
**NO: 105404**

## 4. Names and Addresses of Officers and Directors

**MUST BE PRINTED OR TYPED**NameStreet or P.O. AddressCityStateZipPresident: **Dr. Page A. Fredricksen, O.D., 157 W. Hayden Avenue, Hayden, ID 83835**Secretary: **Ms. Lou Sbragia, 157 W. Hayden Avenue, Hayden, ID 83835**Directors: **Dr. Page A. Fredricksen, O.D., 157 W. Hayden Avenue, Hayden, ID 83835**5. Nature of Business  
**Optometrists**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

Name (Typed or  
 Printed)*Page A Fredricksen*

Date

Title

*10/14/94*  
*President*