	INSTRUC	TIONS ON REVERSE SIDE		
0.364307	Idaho Corporatio	n Annual Report Form	2. Registered Agent and Office	
Return To	Due No Later Than	November 1, 1988	JON E. HELTZMAN	r
Secretary of State	1. Mailing Address — Please Correct 0 64 0 0 7		465 HEKENNA DRIVE 856 VESS	
Rooms 203, Statehouse Boise, 10 83720 TATE	LION E- HETTZHAI	N. OPTOMETRIST P.A	MOUNTAIN HOME TOAHO	
90 Aug	1 1		3. Incorporated Under The Laws	1988
88 AUG 1 AM 10 1	465 HEKENNA OR	10AHO 855 W 6 SOUTH	_ of	8
	83647	I DATIO	STATE OF IDAHO	
larnes and Addresses of Officer	rs and Directors			
	Name	Street or P.O. Address	City State Zip	
	HEITZMAN	860 TERRE	ic monthone ID 836	47
echetary: Nane.y (rectors:	C. HEITZMAN	3 me		
JON E	HEITZMAN	3 pme		
			•	
Nature of Business	6. I certify that t	this Annual Report has been examand complete.	nined by me and is to the best of my knowledge	
Nature of Business	6. I certify that true, correct is signature Name Proved or Signature	this Annual Report has been examand complete.	nined by me and is to the best of my knowledge Date 7-29-88	