

No.

C 91104

Annual Report Form

Due No Later Than November 30, 1996

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

OPTOMETRIC CENTER, P.A.
RANDY LEE
1070 NORTH CURTIS
SUITE 130
BOISE ID 83706

RANDY LEE

1070 NORTH CURTIS

SUITE 130

BOISE

ID 83706

3. Organized Under the Laws of:

ID

C 91104

* FIRST NOTICE *

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 held

Name

Street or P.O. Address

City

State

Zip

President
Secretary

RANDOLPH D. LEE

620 W. Alexander

BOISE

ID

83714

MINA SELF

464 N. Fishhawk

BOISE

ID

83704

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

R.D. LEE

Date

7/26/96

Name

(Typed or Printed)

R.D. LEE, O.D.

Title

President

ISSUED: 07-06-1996

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