

No. 87597	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991		2. Registered Agent and Office NOT A P.O. BOX																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	1. Mailing Address: <i>Please Correct If Not Correct</i>		DOUGLASS E. HANSON 24 E. MAIN STREET REXBURG ID 83440																									
	DOUG HANSON, P.A. DOUGLASS E. HANSON 24 E. MAIN STREET REXBURG ID 83440		3. Incorporated Under The Laws of ID NO: 087597																									
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Douglass E. Hanson, P.A.</td> <td>3653 E. 500 N.</td> <td>Rigby</td> <td>ID</td> <td>83442</td> </tr> <tr> <td>Secretary:</td> <td>Tamra Hanson</td> <td>3653 E. 500 N.</td> <td>Rigby</td> <td>ID</td> <td>83442</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	Douglass E. Hanson, P.A.	3653 E. 500 N.	Rigby	ID	83442	Secretary:	Tamra Hanson	3653 E. 500 N.	Rigby	ID	83442	Directors:					
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Directors:																												
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. <table border="1"> <tr> <td>Signature</td> <td><i>Douglass E. Hanson</i></td> <td>Date</td> <td>7-15-91</td> </tr> <tr> <td>Name (Printed)</td> <td>Douglass E. Hanson, P.A.</td> <td>Title</td> <td>President</td> </tr> </table>				Signature	<i>Douglass E. Hanson</i>	Date	7-15-91	Name (Printed)	Douglass E. Hanson, P.A.	Title	President																
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