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| <b>No. 44824</b><br><br>Return To<br><br><b>Secretary of State<br/>Room 203, Statehouse<br/>Boise, ID 83720</b><br><br><b>NO FEE REQUIRED</b> | <b>Idaho Corporation Annual Report Form</b><br><b>Due No Later Than November 1, 1991</b><br>Mailing Address: <i>Please Correct If Not Correct</i><br><b>NORTH IDAHO EYE INSTITUTE,<br/>ROY TOYAMA<br/>1814 LINCOLN WAY<br/><br/>COEUR D' ALENE ID 83814</b> | <b>2. Registered Agent and Office NOT A P.O. BOX</b><br><br><b>DAVID A WOLD M.D.<br/>1814 LINCOLN WAY<br/><br/>COEUR D' ALENE ID 83814</b><br><br><b>3. Incorporated Under The Laws<br/>of ID</b><br><br><b>NO: 044824</b> |
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**4. Names and Addresses of Officers and Directors**

| <u>Name</u>                     | <u>Street or P.O. Address</u> | <u>City</u>    | <u>State</u> | <u>Zip</u> |
|---------------------------------|-------------------------------|----------------|--------------|------------|
| President: DAVID A. WOLD MD     | 1814 LINCOLN WAY              | COEUR D' ALENE | ID           | 83814      |
| Secretary: PATRICK J. PARDEN MD | ↓                             | ↓              | ↓            | ↓          |
| Directors: ROY TOYAMA MD        |                               |                |              |            |
| RODERICK S. KENT MD             |                               |                |              |            |

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| <b>5. Nature of Business</b><br><br>PHYSICIAN OFFICE | <b>6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete</b><br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           Signature <br/>           Name (Typed or Printed) <b>DAVID A WOLD MD</b> </div> <div style="width: 35%;">           Date _____<br/>           Title <b>PRESIDENT</b> </div> </div> |
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