

No. 69958 Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Idaho Corporation Annual Report Form <i>Due No Later Than November 1, 1991</i> 1 Mailing Address Please Correct If Not Correct EYECARE CENTER OF GOODING, EDWARD G. RYAN P. O. BOX 268 GOODING ID 83330	2. Registered Agent and Office NOT A P.O. BOX EDWARD G. RYAN 317 NORTH MAIN GOODING ID 83330 3. Incorporated Under The Laws of ID NO: 069958																								
4. Names and Addresses of Officers and Directors <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 35%; text-align: center;"><u>Name</u></th> <th style="width: 30%; text-align: center;"><u>Street or P.O. Address</u></th> <th style="width: 15%; text-align: center;"><u>City</u></th> <th style="width: 10%; text-align: center;"><u>State</u></th> <th style="width: 15%; text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>_____ E. G. RYAN, O.D.</td> <td>Box 268</td> <td>GOODING</td> <td>ID</td> <td>83330</td> </tr> <tr> <td>Secretary:</td> <td>_____ JULIE ANN RYAN</td> <td>Box 268</td> <td>GOODING</td> <td>ID</td> <td>83330</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	_____ E. G. RYAN, O.D.	Box 268	GOODING	ID	83330	Secretary:	_____ JULIE ANN RYAN	Box 268	GOODING	ID	83330	Directors:					
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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 style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature _____ Name (Typed or Printed) E-G. RYAN </td> <td style="width: 40%;"> Date JULY 8, 1991 Title PRESIDENT </td> </tr> </table>		Signature _____ Name (Typed or Printed) E-G. RYAN	Date JULY 8, 1991 Title PRESIDENT																						
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