,	IŅSTRUCŢ	IONS OIJ HEVERSE SIDE.	******************************	: ::::::::::::::::::::::::::::::::::::	ř **
No. 44501	Idaho Corporat	ion Annual Report Form	2. Registered Agent ar	d Office <b>' NOT</b>	A P.O. BOX
Return To Secretary of State Room 203, Statehouse Boise, ID 83720	Due No Later Than November 1,  1 Mailing Address - Please Corner I in the Corner Corner		HOWARD E ADKINS 999 N CURTIS RD STE 402		
	ADKINS - FULWYLER PROFESSIONAL HOWARD E ADKINS		BOISE	ID	∜3706
* FIRST NOTICE * NO FEE REQUIRED	999 N CURTIS	AVE STE 402	3. Incorporated Under of ID NO: 44501	The Laws	
4. Names and Addresses of Officer	s and Directors	MUST BE PRINTED C	IR INTRED		
	Name	Street or P.O. Address	City	State	<u>Zio</u>
		999 N CURTIS STE 402 999 N CURTIS STE 402	BOISE BOISE	ID ID	83706 83706
5. Nature of Business	6. I certify that true, correct Signature	t this Annual Report has been exam t and complete.		best of my kn	owledge
OPHTHALMOLOGY	Name (Typed or Princed)	HOWARD E. ADKINS, M.		PRESIDENT	