

No. C 59953	Annual Report Form 1995 Due No Later Than November 30,		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 EYECARE CENTER OF GOODING, ID EDWARD G. RYAN P. O. BOX 268 GOODING ID 83330		EDWARD G. RYAN 317 NORTH MAIN GOODING ID 83330
* FIRST NOTICE *	GOODING ID 83330	ID	C 69958
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
PRESIDENT	EDWARD G. RYAN	Box 268	GOODING, ID. 83330
SECRETARY	JULIE A. RYAN	Box 268	GOODING, ID 83330
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 <u>E.G. Ryan</u> Date <u>07/15/96</u> Name (Typed or Printed) <u>E.G. RYAN</u> Title <u>President</u>	

ISSUED: 07-05-1995

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