

Annual Report Form

Due No Later Than November 30,

1997

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

ADA COUNTY EYE CARE, P.C.

2119 N SPRINGLAND PLACE

BOISE

ID 83713

STEVEN M POLATIS
2119 N SPRINGLAND PLACE

BOISE

ID 83713

3. Organized Under the Laws of:

ID

C119326

**** FINAL NOTICE ****

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of ☒ **Managers** or ☐ **Members** (check one)

Office held

Name

Street or P.O. Address

City

State

Zip

Pres & VP
Director
Secretary

STEVEN M. POLATIS 2119 N. Springland Pl
STEVEN M. POLATIS "

BOISE

ID

83713

CANDACE MASON 1295 S. TOPAZ AVE BOISE

ID

83709

5.

6.

Signature

Steven Polatis

Date

11-24-97

Name (Typed or Printed)

STEVEN POLATIS

Title

Director

ISSUED: 10-04-1997

(DO NOT TAPE OR STAPLE)

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