

No. 104931	Idaho Corporation Annual Report Form	2. Registered Agent and Office
Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 NO FEE REQUIRED	Due No Later Than November 1,	TIMOTHY R GARNER 1485 POLELINE RD EAST STE 229 TWIN FALLS ID 83301
	1. Mailing Address — GARNER OPTOMETRIC, P.A. TIMOTHY R GARNER 1485 POLELINE RD EAST STE 229 TWIN FALLS ID 83301	

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: TIMOTHY R. GARNER Secretary: MARI L. GARNER Directors:		1485 poleline rd E ste 229 TWIN FALLS ID 83301		

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 border="0"> <tr> <td data-bbox="520 904 685 978"> Signature Name (Typed or Printed) </td> <td data-bbox="685 904 1214 978">  TIMOTHY R. GARNER </td> <td data-bbox="1214 904 1610 978"> Date Title </td> <td data-bbox="1214 904 1610 978"> 11-3-94 PRESIDENT </td> </tr> </table>	Signature Name (Typed or Printed)	 TIMOTHY R. GARNER	Date Title	11-3-94 PRESIDENT
Signature Name (Typed or Printed)	 TIMOTHY R. GARNER	Date Title	11-3-94 PRESIDENT		