

No. <b>C 77831</b>	<b>Annual Report Form</b> 19 <b>96</b> <i>Due No Later Than November 30,</i>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>  <b>LAUREN D. GRAVES</b> <b>319 S. IDAHO</b>  <b>GRANGEVILLE ID 83530</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  <b>L. D. GRAVES, O.D., P.A.</b> <b>DR. - D. GRAVES</b> <b>P. O. BOX 504</b>		3. Organized Under the Laws of:  <b>ID</b> <b>C 77831</b>
* <b>FIRST NOTICE *</b> <b>GRANGEVILLE</b> <b>ID 83530</b>			
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (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>
<i>President</i>	<i>Lauren D. Graves</i>	<i>319 S. Idaho</i>	<i>Grangeville Idaho 83530</i>
<i>Sec/Treas</i>	<i>Ruby Rylaarsdam</i>	<i>113 E. S. 2nd</i>	<i>Grangeville Idaho 83530</i>
5. <b>NATURE OF BUSINESS</b>  <b>VISUAL EXAMINATIONS OPTICAL GOODS</b>		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><i>Ruby Rylaarsdam</i></u> Date <u><i>9-9-96</i></u> Name <small>(Typed or Printed)</small> <u><i>Ruby Rylaarsdam</i></u> Title <u><i>Sec/Treas.</i></u>	

ISSUED: 07-06-1995

11225