

No. 78151	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991	2. Registered Agent and Office NOT A P.O. BOX																								
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	1. Mailing Address: Please Correct If Not Correct	KRISTAN SPARKS 169 S. EMERSON SHELLEY ID 83274																								
	KRISTAN SPARKS, O.D., P.A. KRISTAN SPARKS P.O. BOX 547 SHELLEY ID 83274	3. Incorporated Under The Laws of ID NO: 078151																								
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Kristan Sparks</td> <td>P.O. Box 547</td> <td>Shelley</td> <td>Idaho</td> <td>83274</td> </tr> <tr> <td>Secretary:</td> <td>SAME AS ABOVE</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td>SAME AS ABOVE.</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Name	Street or P.O. Address	City	State	Zip	President:	Kristan Sparks	P.O. Box 547	Shelley	Idaho	83274	Secretary:	SAME AS ABOVE					Directors:	SAME AS ABOVE.				
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Secretary:	SAME AS ABOVE																									
Directors:	SAME AS ABOVE.																									
5. Nature of Business Health Profession (optometric practice)	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="1"> <tr> <td>Signature</td> <td><i>Kristan Sparks</i></td> <td>Date</td> <td>7/15/91</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>KRISTAN SPARKS</td> <td>Title</td> <td>OWNER - PRESIDENT</td> </tr> </table>		Signature	<i>Kristan Sparks</i>	Date	7/15/91	Name (Typed or Printed)	KRISTAN SPARKS	Title	OWNER - PRESIDENT																
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