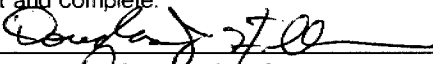
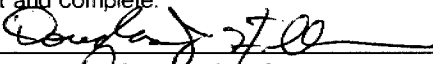
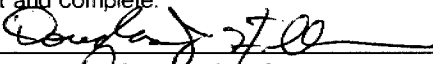


No. 64582 Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	Idaho Corporation Annual Report Form <i>Due No Later Than November 1, 1994</i> 1. Mailing Address — <i>(If Different From Control)</i> ASSOCIATED WESTSIDE OPTOMETRIC WINSTON V. BEARD BOX 51718 IDAHO FALLS ID 83402	2. Registered Agent and Office WINSTON V. BEARD 683 NORTH CAPITAL IDAHO FALLS ID 83402 3. Incorporated Under The Laws of ID NO: 64582																														
4. Names and Addresses of Officers and Directors PLEASE PRINT OR TYPE <table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>DOUGLAS J. HILBORN</td> <td>1991 WEST BROADWAY</td> <td>IDAHO FALLS</td> <td>ID</td> <td>83402</td> </tr> <tr> <td>Secretary:</td> <td>CAROL K. HILBORN</td> <td>1991 WEST BROADWAY</td> <td>IDAHO FALLS</td> <td>ID</td> <td>83402</td> </tr> <tr> <td>Directors:</td> <td>DOUGLAS J. HILBORN</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>CAROL K. HILBORN</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	DOUGLAS J. HILBORN	1991 WEST BROADWAY	IDAHO FALLS	ID	83402	Secretary:	CAROL K. HILBORN	1991 WEST BROADWAY	IDAHO FALLS	ID	83402	Directors:	DOUGLAS J. HILBORN						CAROL K. HILBORN				
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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>Signature</td> <td></td> <td>Date</td> <td>9/15/94</td> </tr> <tr> <td>Name <small>(Typed or Printed)</small></td> <td>DOUGLAS J. HILBORN</td> <td>Title</td> <td>PRESIDENT</td> </tr> </table>		Signature		Date	9/15/94	Name <small>(Typed or Printed)</small>	DOUGLAS J. HILBORN	Title	PRESIDENT																						
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