



AUTHORIZATION TO PREPARE AN OPTOMETRIC CORPORATION

I/We, _____,
Name(s)

request approval of the following name for my/our optometric corporation:

“ _____, Optometric Corporation”
Corporation name

I/We have authorized: _____
Lawyer name

Law firm

Email address

Phone number

to act on my/our behalf and prepare the documents for my/our optometric corporation.

Signature(s) Date

I/We confirm that the primary registrant shareholder and designated person of the corporation

is: _____
Name