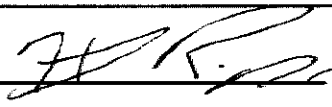


No. C109425	Annual Report Form <i>Due No Later Than November 30,</i> 1999		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address: Please Correct If Not Correct U.S. OPTICAL, INC. NORMAN J RIPS 325 N 72ND ST OMAHA NE 68114		CT CORPORATION SYSTEM 300 N 6TH ST BOISE ID 83701 3. Organized Under the Laws of: NE C109425																			
4. ** FINAL NOTICE ** Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one) <table border="1"> <thead> <tr> <th>Office held</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>Director/Sec</td> <td>Harlan L. Rips</td> <td>402 JE George Blvd.</td> <td>Omaha,</td> <td>Ne.</td> <td>68132</td> </tr> <tr> <td>Director/Pres.</td> <td>Barbara T. Rips</td> <td>325 N. 72nd St.</td> <td>Omaha,</td> <td>Ne.</td> <td>68114</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Director/Sec	Harlan L. Rips	402 JE George Blvd.	Omaha,	Ne.	68132	Director/Pres.	Barbara T. Rips	325 N. 72nd St.	Omaha,	Ne.	68114
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5. <u>New</u> Registered Agent Signature		6. Signature <u></u> Date <u>10/12/99</u> Name (Typed or Printed) <u>Harlan L. Rips</u> Title <u>Vice Pres</u>																				

ISSUED: 10-01-1999

2059