No. **W 53599**	**Due no later than Aug 31, 2008** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** LEWISTON OPTICAL L.L.C. SHELLEY E RANA 2009 BIRCH AVE LEWISTON ID 83501	STEVEN G RANA 1313 "G" STREET LEWISTON ID 83501 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	STEVEN G RANA	2009 BIRCH AVE	LEWISTON	ID	USA	83501
MEMBER	SHELLEY E RANA	2009 BIRCH AVE	LEWISTON	ID	USA	83501

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 53599**	Signature: Shelley E. Rana	Date: 06/19/2008
	Name (type or print): Shelley E. Rana	Title: Member

Processed 06/19/2008

* Electronically provided signatures are accepted as original signatures.