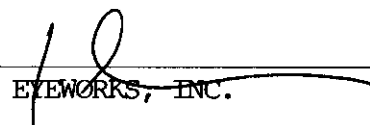


No. W 4720	Due no later than Sep 30, 2000 Annual Report Form	2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable VISTA EYECARE NETWORK, LLC LEGAL C MINGLE 296 GRAYSON HWY LAWRENCEVILLE, GA 30045	CORPORATION SERVICE COMPAN 1401 SHORELINE DR BOISE, ID 83702 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><u>Office held</u></td> <td style="text-align: center;"><u>Name</u></td> <td style="text-align: center;"><u>Street or P.O. Address</u></td> <td style="text-align: center;"><u>City</u></td> <td style="text-align: center;"><u>State</u></td> <td style="text-align: center;"><u>Zip</u></td> </tr> <tr> <td colspan="6"> Sole Member NEW WEST EYEWORKS, INC. <div style="text-align: right;">296 Grayson Hwy., Legal Dept./C.Mingle, Lawrenceville, GA 30045-5793</div> </td> </tr> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Sole Member NEW WEST EYEWORKS, INC. <div style="text-align: right;">296 Grayson Hwy., Legal Dept./C.Mingle, Lawrenceville, GA 30045-5793</div>					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
Sole Member NEW WEST EYEWORKS, INC. <div style="text-align: right;">296 Grayson Hwy., Legal Dept./C.Mingle, Lawrenceville, GA 30045-5793</div>														
5. Organized Under the Laws of: <div style="text-align: center;">DELAWARE W 4720</div>	6. NEW WEST EYEWORKS, INC. <div style="display: flex; justify-content: space-between;"> <div> Signature  Name (Typed or Printed) <u>Mitchell Goodman</u> </div> <div> Date <u>7/25/00</u> Title <u>Vice President and</u> XXX <u>Secretary</u> </div> </div>													

Issued 07/10/2000

Do Not Tape or Staple

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