No. C 174545 Return to:		Due no later than Aug 31, 2013 Annual Report Form 1. Mailing Address: Correct in this box if needed. ADAMS EYECARE INC. ADAM HEINER 2103 N CASSIA NAMPA ID 83651			2. Registered Agent and Address (NO PO BOX) ADAM HEINER 2103 N CASSIA NAMPA ID 83651 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter N	ames and Busin	ess Addresses of Presid	lent, Secretary, and Directors. Tre	easurer (d	optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
SECRETARY PRESIDENT	JENNIFER S ADAM HEINE		6830 N MERIDIAN RD 6830 N MERIDIAN RD		EAGLE EAGLE	ID ID	USA USA	83616 83616
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 174545		Signature: Adam Heiner			Date: 06/20/2013			
		Name (type or print): Adam Heiner			Title: President			
Processed 06/20/2013		* Electronically provide	ed signatures are accepted as origi	inal signa	itures.			