

No. W 16237	Due no later than Aug 31, 2010 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. EYEMED VISION CARE LLC MEGAN WEBER TAX DEPT PO BOX 8509 MASON OH 45040-7114		NATIONAL REGISTERED AGENTS INC 1423 TYRELL LANE BOISE ID 83706 USA			
			3. <u>New</u> 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	VP LENS CRAFTERS INC	8600 GOVERNORS HILL DR	CINCINNATI	OH	USA	45249
5. Organized Under the Laws of: ID W 16237	6. Annual Report must be signed.* Signature: Kerry Bradley Name (type or print): Kerry Bradley		Date: 07/14/2010 Title: Co			
Processed 07/14/2010		* Electronically provided signatures are accepted as original signatures.				