

No. W 16237		Due no later than Aug 31, 2014 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 MELISSA COOK BUSINESS COMPLIANCE PO BOX 8509 MASON OH 45040-7114		NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705 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	LUXOTTICA RETAIL NORTH AMERICA	4000 LUXOTTICA PLACE	MASON	OH	USA	45240	
MANAGER	VITO GIANNOLA	12 HARBOR PARK DRIVE	PORT WASHINGTON	NY	USA	11050	
MANAGER	TRENT RENTFROW	4000 LUXOTTICA PLACE	MASON	OH	USA	45040	
MANAGER	MICHAEL A BOXER	12 HARBOR PARK DRIVE	PORT WASHINGTON	NY	USA	11050	
MANAGER	LUKAS RUECKER	4000 LUXOTTICA PLACE	MASON	OH	USA	45040	
5. Organized Under the Laws of: ID W 16237		6. Annual Report must be signed.* Signature: Melissa Cook Name (type or print): Melissa Cook					
Processed 08/05/2014		Date: 08/05/2014 Title: Accountant					
* Electronically provided signatures are accepted as original signatures.							