

No. W 53599	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. LEWISTON OPTICAL L.L.C. SHELLEY E RANA 2009 BIRCH AVE LEWISTON ID 83501-6128 USA		STEVEN G RANA 1313 G STREET LEWISTON ID 83501			
			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	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: ID W 53599	6. Annual Report must be signed.* Signature: Shelley E. Rana Name (type or print): Shelley E. Rana Date: 07/10/2014 Title: Bookkeeper/Member					
Processed 07/10/2014		* Electronically provided signatures are accepted as original signatures.				