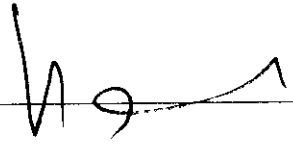


<b>No. W 4720</b>	<b>Due no later than September 30, 2003 Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable  VISTA EYECARE NETWORK, LLC LEGAL C MINGLE 296 GRAYSON HWY  LAWRENCEVILLE, GA 30045 <del>5793</del> , -5750		CORPORATION SERVICE COMPAN 1401 SHORELINE DR STE 2  BOISE, ID 83702  3. <u>New</u> Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">Sole Member</td> <td style="vertical-align: top;">NATIONAL VISION, INC.</td> <td style="vertical-align: top;">296 Grayson Highway, Legal / C.Mingle,</td> <td style="vertical-align: top;">Lawrenceville,</td> <td style="vertical-align: top;">GA</td> <td style="vertical-align: top;">30045-5750</td> </tr> </tbody> </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	NATIONAL VISION, INC.	296 Grayson Highway, Legal / C.Mingle,	Lawrenceville,	GA	30045-5750
<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	NATIONAL VISION, INC.	296 Grayson Highway, Legal / C.Mingle,	Lawrenceville,	GA	30045-5750											
5. Organized Under the Laws of:  DELAWARE W 4720	6. Signature  Date <u>7/14/03</u> Name <small>(Typed or Printed)</small> <u>Mitchell Goodman</u> Title <u>Vice President and Secretary</u>															