No. W 16237 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Due no later than Aug 31, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. EYEMED VISION CARE LLC TONYA COOPER PO BOX 8509 MASON OH 45040-7114		2. Registered Age	2. Registered Agent and Address (NO PO BOX) NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*			
				921 S ORCHAF BOISE ID 83				
RECEIVED B	NG FEE IF BY DUE DATE	mos and Addrosses of at I	east one Member or Manager.					
Office Held	Name	illes and Addresses of act	Street or PO Address	City	State	Country	Postal Code	
MEMBER	LUXOTTICA	RETAIL NORTH AMERICA	4000 LUXOTTICA PLACE	MASON	OH	/	45040	
MANAGER	VITO GIANN	IOLA	12 HARBOR PARK DRIVE	PORT WASHINGTON	NY	USA	11050	
MANAGER	TRENT REN	TFROW	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	ОН	USA	45040	
5. Organized Under the Laws of: 6.		6. Annual Report must be signed.*						
ID W 16237		Signature: TONYA COOPER		Date: 08/14	Date: 08/14/2017			
		Name (type or print): TONYA COOPER		Title: SR. T	Title: SR. TAX ACCOUNTANT			
Processed 08/14/20	017	* Electronically provided	signatures are accepted as origina	l signatures.				