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|--|--|-------|------------|--------|-------|
| 1.) CORPORATION NAME: ClearView Eye Care, Inc. | DUE DATE: 2/28/2015 | | | | |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: RUSSELL A BEACH 2512 INDIAN ORCHARD CT VIRGINIA BEACH, VA | SCC ID NO: 06520019 | | | | |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: VIRGINIA BEACH CITY | 5.) STOCK INFORMATION | | | | |
| 4.) STATE OR COUNTRY OF INCORPORATION: VA | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 1,000 |
| CLASS | AUTHORIZED | | | | |
| COMMON | 1,000 | | | | |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1932 KEMPSVILLE ROAD
STE 106

CITY/ST/ZIP: VIRGINIA BEACH, VA 23464

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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|---|-------------------------------------|---------|-------------------------------------|----------|
| NAME: AUTHER WANG OD TITLE: DIR/SEC ADDRESS: 2029 LYNNHAVEN PKWY STE 500 CITY/ST/ZIP/CO: VA BEACH, VA 23456 | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
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| NAME: SCOTT NILSSON OD TITLE: OFFICER ADDRESS: 2029 LYNNHAVEN PKWY STE 500 CITY/ST/ZIP/CO: VA BEACH, VA 23456 | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
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| NAME: JESSICA LIN NILSSON OD TITLE: OFFICER ADDRESS: 2029 LYNNHAVEN PKWY STE 500 CITY/ST/ZIP/CO: VA BEACH, VA 23456 | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
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| NAME: RUSSELL A BEACH OD TITLE: DIRECTOR ADDRESS: 2512 INDIAN ORCHARD CT CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23456 | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
|--|--------------------------|---------|-------------------------------------|----------|

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

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|---|----------------------------------|----------|
| /s/ SCOTT NILSSON OD | SCOTT NILSSON OD, OFFICER | 3/3/2015 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.