FORM PTO-1618A 06 -	04-1999 75-468/8	
Ermes NEONOC		
W. C. S.	1024006	
3.11.99		
TRADEMARKS ONLY		
10: The Commissioner of Palents and Trademarks: Submission Type	Please record the attached original doci Conveyance Type	
X New	Assignment License	
Resubmission (Non-Recordation) Document ID #	Security Agreement Nunc Pro Tunc Assignment	
Correction of PTO Error	Merger Month Day Year	
Reel # Frame # Corrective Document	X Change of Name	
Reel # Frame #	Other	
Conveying Party	Mark if additional names of conveying parties attached  Execution Date  Month Day Year	
Name NATIONAL VISION ASSOCI		
Formerty		
Individual General Partnership	Limited Partnership X Corporation Association	
Other		
X Citizenship/State of Incorporation/Organization GEORGIA		
Receiving Party Mark if additional names of receiving parties attached		
Name VISTA EYECARE, INC.		
DBAJAKATA		
Composed of		
Address (line 1) 296 GRAYSON HIGHWAY		
Address (line 2)		
Address (No. 2) LAWRENCEVILLE	GEORGIA 30045-5793	
Individual General Partnership	1 imited Partnership W document to be recorded is an	
X Corporation Association	assignment and the receiving party is not domiciled in the United States, an appointment of a domestic	
Other	representative should be attached, (Designation must be a separate O// D	
Citizenship/State of Incorporation/Organizat	document from Assignment.) 970E	
/1999 DINGUYEN 00000075 75468182 FOR OFFICE USE ONLY		
481 40.00 OP		
482 900.00 OP  Public burson reporting for this contection of information is estimated to average (	approximately 20 minutes per Cover Short to be recorded, including thre for reviseing the securiors and	
gethwing the data needed to complete the Cover Sheet. Send comments regarding this burien selfente to the U.S. Patent and Tracement Office, Chief bramation Office, Weshington, D.C. 2021 and to the Office of Internation and Regulatory Affairs, Office of Management and Budget, Peperson's Breduction Project (681-6827), Westington, D.C. 2018. https://doi.org/10.1016/j.c		
Mail documents to be recorded	d with required cover sheet(s) information to: demarks, Box Assignments , Washington, D.C. 20231	

TRADEMARK **REEL: 1873 FRAME: 0163** 

		, ,		
FORM PTO- Expires 06/30/99 OMB 0661-0027		Page 2	U.S. Department of Commerce Potent and Tredemark Office TRADEMARK	
Domestic R	epresentative Name ar	nd Address Enter for the first Receiving	ng Party only.	
Name				
Address (line 1)		OPR/FINANCE		
Address (line 2)				
Address (line 3)				
Address (line 4)				
Correspond	ent Name and Address	Area Code and Telephone Number 770 8	322-3600 ext.2025	
Name	CHARLES R. MINGLI	<u> </u>		
Address (line 1)	SENIOR PARALEGAL	, LEGAL DEPARTMENT		
Address (line 2)	VISTA EYECARE, II	NC.		
Address (line a) 296 GRAYSON HIGHWAY				
Address (line 4) LAWRENCEVILLE, GA 30045-5793				
Pages Enter the total number of pages of the attached conveyance document including any attachments.				
Trademark /	Application Number(s)	or Registration Number(s) $X$	ark if additional numbers attached	
Enter either the	Trademark Application Number <u>or</u>	the Registration Number (DO NOT ENTER BOTH nur	nbers for the same property).	
Trad	lemark Application Numbe		Number(s)	
7546818	75468178 7	5044426 2171616 1786		
7533131	7 75316257 7	5319939 [1861698 [1861		
7546818	1 75468185	1789212 1789	213 2171682	
Number of Properties Enter the total number of properties involved. # 37				
Fee Amoun	t Fee Amount	for Properties Listed (37 CFR 3.41): \$	940.00	
Method of Payment: Enclosed X Deposit Account Deposit Account				
(Enter for payment by deposit account or if additional fees can be charged to the account.)  Deposit Account Number:				
		Authorization to charge additional fees:	Yes No	
Statement and Signature				
To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as				
indicated herein. Mitchell Goodman,				
Senior V	ice President, de	neral Counsel & Secretary	2/26/99	
Name	of Person Signing	Signature	Date Signed	

TRADEMARK REEL: 1873 FRAME: 0164

***	• •			
FORM PTO-1618C CONTIN	ORM COVER SHEET NUATION Petert and Trademark Office TRADEMARK			
Conveying Party  Enter Additional Conveying Party  Mark if additional names of conveying parties attached  Execution Date  Month Day Year				
Name NATIONAL VISION ASSOCIAT				
Formerly				
Individual General Partnership Lin	mited Partnership X Corporation Association			
Other	COORCE			
X Citizenship State of Incorporation/Organization	GEORGIA			
Receiving Party  Enter Additional Receiving Party  Mark if additional names of receiving parties attached				
Name VISTA EYECARE, INC.				
DBA/AKA/TA				
Composed of				
Address (line 1) 296 GRAYSON HIGHWAY				
Address (line 2)				
Address (line 3) LAWRENCEVILLE	GEORGIA 30045-5793 State/Courtry Zb Code			
Individual General Partnership Limited Partnership    If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached				
Other	(Designation must be a separate document from the Assignment.)			
X Citizenship/State of Incorporation/Organization GEORGIA				
Trademark Application Number(s) or Registration Number(s)  Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).				
Trademark Application Number(s)	Registration Number(s)			
75324077 75044428	2217080 1921730 1921729			
	1843972 2106043 1908736			
	1843857 1858034 2084005			
	1920747 2042507 2071317			
	1845072 1847271 2175796			
	2060895 2131833 2218396			

**TRADEMARK REEL: 1873 FRAME: 0165** 

## Secretary of State

**Corporations Division** 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

DOCKET NUMBER : K91120802 PRINT DATE : 04/22/1999 FORM NUMBER : 218

VISTA EYECARE INC. ATTN: CHARLES R. MINGLE 296 GRAYSON HWY LAWRENCEVILLE, GA. 30045

## CERTIFICATE OF FACT

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Effective December 31, 1998, NATIONAL VISION ASSOCIATES, LTD., a Georgia corporation filed articles of amendment changing it name to: VISTA EYECARE, INC.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated within.



Cathy Cox Secretary OFREMARK **REEL: 1873 FRAME: 0166**