



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2016 OCT 12 AM 11:06

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Medicaid Eye Clinic, LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

420 E Elm Street Caldwell, ID 83605

(Address)

(Address, if different)

3. The name of the registered agent and street address of the registered agent:

William T Black 420 E Elm Street Caldwell, ID 83605

(Name)

(Address, cannot be a post office box or postal mail box)

4. The name and address of at least one governor of the limited liability company:

William T Black 420 E Elm Street Caldwell, ID 83605

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

5. Mailing address for future correspondence (annual report notices):

420 E Elm Street Caldwell, ID 83605

(Address)

Signature of organizer(s).

Signature: 

Printed Name: William T Black

Signature: _____

Printed Name: _____

Secretary of State use only

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10/12/2016 05:00

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