



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

10 OCT -6 PM 4:26

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

My Team Shades, LLC

2. The complete street and mailing addresses of the initial designated/principal office:

420 E. Elm Street, Caldwell, ID 83605

(Street Address)

(Mailing Address, if different than street address)

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

Family Eyecare Specialists, PLLC

(Name)

420 E. Elm Street, Caldwell, ID 83605

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Family Eyecare Specialists, PLLC

420 E. Elm Street, Caldwell, ID 83605

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

420 E. Elm Street, Caldwell, ID 83605

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

*William Black*

Typed Name: Family Eyecare Specialists, PLLC

By: William Black, it's member

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
10/06/2010 05:00  
CK: 3247 CT: 251835 BN: 1242009  
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