

FILED EFFECTIVE

252



# CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

10 MAR 11 AM 8:50

SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

1. The name of the professional limited liability company is:

Eye Care Associates of Southeast Idaho, PLLC

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

3351 Merlin Drive, Idaho Falls, ID 83404-7405

(Street Address)

(Mailing Address, if different than street address)

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

Bart M. Davis

1075 S. Utah, Suite 322, Idaho Falls, ID 83402

(Name)

(Street Address)

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

Name

Address

Todd F. Birch, O.D.

3351 Merlin Drive, Idaho Falls, ID 83404

Marshall Merrell, O.D.

3351 Merlin Drive, Idaho Falls, ID 83404

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

Bart M. Davis, Esq., PO Box 50660, Idaho Falls, ID 83405-0660

6. Future effective date of filing (optional):

7. The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is: Optometry

Signature of an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Signature

Typed Name:

Todd F. Birch, O.D.

Signature

Typed Name:

Marshall H Merrell

Secretary of State use only

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Revised 07/2008

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03/11/2010 05:00  
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