FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION PROFESSIONAL

(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 mailting addresses of the initial designated/principal office: 3351 Merlin Drive, Idaho Falls, ID 83404-7405 (Street Address) (Mailing Address, If different than street address of the registered agent: Bart M. Davis 1075 S. Utah, Suite 322, Idaho Falls, ID 83402 (Nome) (Street Address) 4. The name and address of at least one member or manager of the professional limited liability company: Mana 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 noticee): Bart M. Davis, Esq., PO Box 50660, Idaho Falls, ID 83406-0860 6. Future effective date of filing (optional): 7. The limited liability company is a professional company, and the principal profession or professional services is: Optiometry 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.		PROFESS		10 HHK 11 AM 8: 50	
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