



# **CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY**

**FILED EFFECTIVE**

(Instructions on back of application)

11 OCT 18 AM 8:27

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

Walker Eyecare Associates, PLLC

SECRETARY OF STATE  
STATE OF IDAHO

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

350 N. Milwaukee, Suite #1188, Boise, ID 83704

(Street Address)

same

(Mailing Address, if different than street address)

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

Terry H. Walker

(Name)

197 E. Carver Dr., Meridian, ID 83646

(Street Address)

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

Name

Address

Terry H. Walker

197 E. Carver Dr., Meridian, ID 83646

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

197 E. Carver Dr., Meridian, ID 83646

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 a manager, member or authorized person.

Signature \_\_\_\_\_

Typed Name: Terry H. Walker

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
10/18/2011 05:00  
CK: 2841 CT: 263396 BH: 1294664  
1 @ 100.00 = 100.00 PROF LLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3

W107508