



# ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

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SECRETARY OF STATE  
STATE OF IDAHO

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

Family Vision Clinic, P.L.L.C.

2. The professional LLC is organized for the practice in the profession of: optometry

3. The address of the initial registered office is: 7979 W Rifleman St. Boise, ID 83704

and the name of the initial registered agent is: Jeffrey C Johnson

4. Management of the professional limited liability company will be vested in:

☐ Manager(s) ☒ Member(s)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one manager. If management is to be vested in members, list the name(s) and address(es) of at least one initial member.

Name

Address

Jeffrey C Johnson

7979 W Rifleman St Boise, ID 83704

6. Signature(s) of at least one person responsible for forming the limited liability company:

Signature Jeff Johnson

Typed Name Jeffrey C Johnson

Capacity member

Signature \_\_\_\_\_

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

Capacity \_\_\_\_\_

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Revised 09/2002

W25707

IDAHO SECRETARY OF STATE  
08/27/2003 05:00  
CK: 4611 CT: 172572 BH: 698695  
1 @ 100.00 = 100.00 PROF LLC # 4  
1 @ 20.00 = 20.00 CORP SUR # 5