

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 19 AM 9: 49

FILED EFFECTIVE

(Instructions on back of application)

(III Su dedoris of	OF OF THE STATE
The name of the limited liabilities Idaho Eye Pros - Idaho Falls LLC	ity company is: SECRETATE OF IDAHO
	ing addresses of the initial designated office:
(Street Address) 1530 W State St., Suite D, Meridia (Mailing Address, if different than street ad	
3. The name and complete stree	et address of the registered agent:
Lavar Kofoed	1293 W. Applecreek Ct., Eagle, Idaho, 83616
(Name)	(Street Address)
The name and address of at I company: Name Lavar Kofoed	east one member or manager of the limited liability Address 1293 W. Applecreek Ct., Eagle, Idaho, 83616
Matthew Soderling	3169 S. Siduri Ave., Meridian, Idaho, 83642
Richard Erwin	264 E Knoll Ct., Eagle, Idaho, 83616
5. Mailing address for future con 1530 W State St., Suite D, Meridia	respondence (annual report notices): an, Idaho, 83642
6. Future effective date of filing ((optional):
Signature of a manager, memberson.	per or authorized
Signature Signature	Secretary of State use only
Typed Name: Richard Erwin	
Signature	IDAHO SECRETARY OF STATE 62/19/2013 05:00
Typed Name:	02/19/2013 05:00 CK: 1869 CT: 279551 BH: 1369735

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