



**CERTIFICATE OF ORGANIZATION  
PROFESSIONAL  
LIMITED LIABILITY COMPANY**

11 DEC 16 PM 4:42

SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

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

Salmon River Vision Clinic, PLLC

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

1301 Main Street, Suite 10, Salmon, ID 83467

(Street Address)

(Mailing Address, if different than street address)

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

Scott B. Taylor

(Name)

1301 Main Street, Suite 10, Salmon, ID 83467

(Street Address)

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

Scott B. Taylor

Name

Address

1301 Main Street, Suite 10, Salmon, ID 83467

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

1301 Main Street, Suite 10, Salmon, ID 83467

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: Kenton Walker, Organizer

Signature \_\_\_\_\_

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

Secretary of State use only

IDAHO SECRETARY OF STATE  
12/16/2011 05:00  
CK: 16334 CT: 1626 BH: 1382146  
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