



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:

Name**Address**
Scott B. Taylor
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 Kenton Walker

 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: 1302146
 1 @ 100.00 = 100.00 PROF LLC # 2

W109226