



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE PROFESSIONAL LIMITED LIABILITY COMPANY

2013 MAR 20 AM 9:09

(Instructions on back of application)

1. The name of the professional limited liability company is: SECRETARY OF STATE
STATE OF IDAHO

Ryan Johnson OD PLLC

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

152 N Al Fresco Pl, Boise, ID 83712

(Street Address)

(Mailing Address, if different than street address)

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

Ryan Johnson

(Name)

152 N Al Fresco Pl, Boise, ID 83712

(Street Address)

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

Name

Address

Ryan Johnson

152 N Al Fresco Pl, Boise, ID 83712

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

152 N Al Fresco Pl, Boise, ID 83712

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 Ryan Johnson

Typed Name: Ryan Johnson

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/20/2013 05:00
CK: 1230 CT: 280842 BH: 1365504
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