



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE PROFESSIONAL LIMITED LIABILITY COMPANY

2013 MAR 20 AM 9:14

(Instructions on back of application)

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

Jill A Kronberg OD PLLC

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

7960 W Rifleman St #150, Boise, ID 83704

(Street Address)

(Mailing Address, if different than street address)

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

Jill Kronberg

(Name)

7960 W Rifleman St #150, Boise, ID 83704

(Street Address)

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

Name

Address

Jill Kronberg

7960 W Rifleman St #150, Boise, ID 83704

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

7960 W Rifleman St #150, Boise, ID 83704

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

Jill Kronberg

Typed Name: Jill Kronberg

Signature

Typed Name: _____

Secretary of State use only

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