

251

**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

FILED EFFECTIVE

2012 NOV 14 PM 1:29

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

JD Optometrics LLC

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

1201 S. 25th E. Idaho Falls, ID 83401

(Street Address)

(Mailing Address, if different than street address)

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

Joshua G. Davis

(Name)

2100 Edmiston Dr., Idaho Falls, ID 83401

(Street Address)

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

Name**Address**Joshua G. Davis2100 Edmiston Dr., Idaho Falls, ID 83401

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

2100 Edmiston Dr., Idaho Falls, ID 83401

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Secretary of State use only

Signature

Typed Name: Joshua G. Davis

Signature _____

Typed Name: _____

9/21/2012

cert_org_llc Rev. 07/2010

IDAHO SECRETARY OF STATE
11/14/2012 05:00
CK: 1196051 CT: 172099 BH: 1347634
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