



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

10 MAR 12 AM 8:50

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

PORTER EYECARE, PLLC

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

852 EAST PARRI DRIVE

(Street Address)

IDAHO FALLS, IDAHO 83401

(Mailing Address, if different than street address)

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

LISA PORTER

(Name)

852 EAST PARRI DRIVE, IDAHO FALLS, ID 83401

(Street Address)

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

Name

Address

LISA PORTER

852 EAST PARRI DRIVE, IDAHO FALLS, ID 83401

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

852 EAST PARRI DRIVE, IDAHO FALLS, IDAHO 83401

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 an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Signature

Typed Name:

LISA PORTER

Signature

Typed Name:

Secretary of State use only

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IDAHO SECRETARY OF STATE
03/12/2010 05:00
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