

ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY



(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the professional limited liability company is: TETON VISION CENTER, PLLC

2. The professional limited liability company is organized for the practice of the profession(s) of: OPTOMETRY

3. The address of the initial registered office is 10542 N. 80TH E.
(not a PO Box)
IDAHO FALLS, IDAHO 83401, and the name of the
initial registered agent at that address is BRYAN COOK

Signature of registered agent: _____

4. Is management of the limited liability company vested in a manager or managers?
 Yes No (check appropriate box)

5. If management is vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is vested in the members, list the name(s) and address(es) of at least one member.

Name:	Address:
<u>BRYAN COOK</u>	<u>10542 N. 80TH E. IDAHO FALLS, IDAHO 83401</u>
_____	_____
_____	_____
_____	_____

6. Signature(s) of at least one person listed in #6 above:

Bryan Cook

g:\corp\forms\LLC3.PM6 Revised 8/97

IDAHO SECRETARY OF STATE
Secretary of State Use only

01/18/2000 09:00
CK: 5886 CT: 1681 BH: 281924

1 @ 100.00 = 100.00 PROF LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W10804