



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

09 AUG 12 AM 8:13

 SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Mark Baird Optometry, PLLC

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

1484 N. 1090 E. Shelley, ID 83274

(Street Address)

(Mailing Address, if different than street address)

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

Mark Baird

(Name)

1484 N. 1090 E. Shelley, ID 83274

(Street Address)

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

Name**Address**

Mark Baird

1484 N. 1090 E. Shelley, ID 83274

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

1484 N. 1090 E. Shelley, ID 83274

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 Mark Baird

 Typed Name: Mark Baird

Signature _____

Typed Name: _____

Secretary of State use only

 g:\corporate\llc\format\llc_org_ac.pmd
Revised 07/2008

 IDAHO SECRETARY OF STATE
08/12/2009 05:00
CX: 1011 CT: 239596 PH: 1182561
1 @ 100.00 = 100.00 PROF LLC # 2

W86146