

Printed Name: __

Signature: _

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed Complete and submit the application in duplicate.

2017 APR 26 AM 9: 48

SECRETARY OF STATE

W182394

1.	The name of the professional limited liability company is:		STATE OF IDAHO	
	Howard Eyecare PLLC			
2.	The complete street and mailing addresses of the principal office is: 2292 W. Grand Teton Dr. Meridian, ID 83646 (Street Address)			
	(Mailing Address, if different)			
3.	Name and street address of registered agent <u>in Idaho</u> :			
	Jason Howard	2292 W. Grand Teton Dr. Meridian, ID 83646		
	(Name)	(Address)		
4.	The name and address of at least one governor of the limited liability company:			
	Jason Howard	2292 W. Grand Teton Dr. Meridian, ID 83646		
	(Name)	(Address)	Total Dr. McHalan, ID 00040	
	(Name)	(Address)		
	(Name)	(Address)		
	Mailing address for future correspondence (annual report notices):			
	292 W. Grand Teton Dr. Meridian, ID 83646			
	(Address)			
6.	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		<u> </u>	
			Secretary of State use only	
7.	Signature of a manager, membe	r, or an organizer.	· ·	
Prin	ted Name: Jason Howard		IDAHO SECRETARY OF STATE 04/26/2017 05:00	
	09/1		CK:116 CT:338601 BH:1580996	
Sigi	nature:		100.00 = 100.00 PROF LLC #2	

Rev. 08/2015