



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED-EFFECTIVE

10 NOV -1 AM 8:51

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

SNAKE RIVER EYECARE, LLC

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

1464 N. 610 E. SHELLEY, ID 83274

(Street Address)

(Mailing Address, if different than street address)

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

DENNIS RADFORD

(Name)

1464 N. 610 E. SHELLEY, ID 83274

(Street Address)

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

Name

Address

DENNIS RADFORD

1464 N. 610 E. SHELLEY, ID 83274

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

1464 N. 610 E. SHELLEY, ID 83274

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: DENNIS RADFORD

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
11/01/2010 05:00
CK: 2557 CT: 171497 BH: 1245295
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