



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2014 OCT 22 AM 8:33

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

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

CHILDREN'S CLEAR VISION PLLC

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

683 MAHARD DRIVE, TWIN FALLS, IDAHO 83301

(Street Address)

(Mailing Address, if different than street address)

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

BRANDON NIELSEN

(Name)

683 MAHARD DRIVE, TWIN FALLS, IDAHO 83301

(Street Address)

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

Name

Address

BRANDON NIELSEN

683 MAHARD DRIVE, TWIN FALLS, IDAHO 83301

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

683 MAHARD DRIVE, TWIN FALLS, IDAHO 83301

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 a manager, member or authorized person.

Signature: _____

Typed Name: BRANDON NIELSEN

Signature: _____

Typed Name: AUBREY NIELSEN

Secretary of State use only
IDAHO SECRETARY OF STATE

10/22/2014 05:00

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