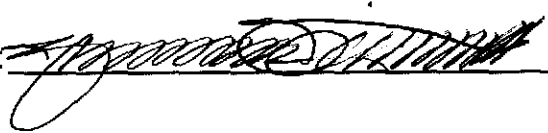


FILED EFFECTIVE

2015 AUG 31 AM 9:10

SECRETARY OF STATE
STATE OF IDAHO

SECRETARY OF STATE
STATE OF IDAHO

- | | |
|--|--|
| 1. | The name of the limited liability company is:
SNAKE RIVER EYE ASSOCIATES, PLLC |
| 2. | The date the certificate of organization was originally filed : <u>7/13/2006</u> |
| 3. | The name of the limited liability company is amended to:
VALLEY EYE CARE, PLLC |
| 4. | The complete street and mailing addresses of the principal office is amended to: |
| | (Street Address) _____ (City) _____ (State) _____ (Zipcode) |
| | (Mailing Address, if different) _____ (City) _____ (State) _____ (Zipcode) |
| 5. | The mailing address for future correspondence (annual reports) is amended to: |
| | 3456 E 17TH #140 IDAHO FALLS ID 83406 |
| | (Address) _____ (City) _____ (State) _____ (Zipcode) |
| 6. | The name and address of the managers/members shall be amended as follows: |
| Add: <input type="checkbox"/> Delete: <input type="checkbox"/> | _____
(Name) _____ (Address) _____ (City) _____ (State) _____ (Zipcode) |
| Add: <input type="checkbox"/> Delete: <input type="checkbox"/> | _____
(Name) _____ (Address) _____ (City) _____ (State) _____ (Zipcode) |
| Add: <input type="checkbox"/> Delete: <input type="checkbox"/> | _____
(Name) _____ (Address) _____ (City) _____ (State) _____ (Zipcode) |
| 7. | Signature of a manager, member, or authorized person. |
| Printed Name: | BRADLEY RHINEHART |
| Signature: |  |
| Printed Name: | _____ |
| Signature: | _____ |

Secretary of State use only

IDAHO SECRETARY OF STATE

08/31/2015 05:00

CK: 5385 CT: 314016 BH: 1490216
1@ 30.00 = 30.00 ORGAN AMEN #3

W52612

Secretary of State use only

SECRETARY OF STATE
IDARO SECRETARY OF STATE

08/31/2015 05:00

CK:5385 CT:314016 BH:1490216

1@ 30.00 = 30.00 ORGAN AMEN #2

W52612