

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

|    | LIMITED LIABILITY COMPANY   |
|----|---|
|    | (Instructions on back of application)  (Instructions on back of application)  The name of the limited liability company is: Low Vision Partners, LLC  |
|    | The name of the limited liability company is: Low Vision Partners, LLC  |
| _  | The street address of the initial registered office is: 910 Nellie Court, Post Falls,  Idaho 83854 and the name of the initial registered   |
|    | The mailing address for future correspondence: 212 Ironwood drive, Suite D  PMB 302, Coeur d'Alene, Idaho 83814  Management of the limited liability company will be vested in:   |
|    | Manager(s) x or Member(s) . (please check the appropriate box)  |
|    | If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the members, list the name(s) and address(es) of at least one initial member.  Name  910 Nellie Court |
|    | JOSEPH AARON NICHOLES  Post Falls, ID 83854   |
|    |   |
| ô. | Signature of at least one person responsible for forming the limited liability company:  Signature Sept January Medical   |
|    | Typed Name  |

| Signature             | osep fram Nechole             |
|-----------------------|-------------------------------|
| Typed Name Capacity — | JOSEPH AARON NICHOLES Manager |
| Signature             |                               |
| Capacity              |                               |
|                       |                               |

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