



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2013 MAR 20 AM 9:10

(Instructions on back of application)

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

Vision Therapy Doctor PLLC

 SECRETARY OF STATE
STATE OF IDAHO

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

7960 W Rifleman St #150, Boise, ID 83704

(Street Address)

(Mailing Address, if different than street address)

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

Ryan Johnson

(Name)

7960 W Rifleman St #150, Boise, ID 83704

(Street Address)

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

Name
Address
Ryan Johnson
7960 W Rifleman St #150, Boise, ID 83704

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

7960 W Rifleman St #150, Boise, ID 83704

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: Ryan Johnson

Signature

Typed Name: _____

Secretary of State use only

 IDAHO SECRETARY OF STATE
 03/20/2013 05:00
 CK: 1231 CT: 280042 BH: 1365503
 1 @ 100.00 = 100.00 PROF LLC # 2

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