

AMENDMENT TO CERTIFICATE OF ORGANIZATION CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY STATE OF IDAHO

(Instructions on back of application)

The name of the li	imited liability company is:
	Summit Eyecare, P.L.L.C.
The name of the li	imited liability company is amended to read:
The date the certif	ficate of organization was originally filed : 21 May 2012
The complete stre amended to:	eet and mailing addresses of the designated principal office is
The mailing addre	ss for future correspondence (annual reports) is amended to: c/o Bart M. Davis, PO Box 50660, Idaho Falls, ID 83405
The name and add Name Traci Birch	dress of the managers/members shall be amended as follows: Address Add Delete Other 984 W. Riverview Dr., Idaho Falls, ID
Name	Address Add Delete Other 984 W. Riverview Dr., Idaho Falls, ID
Traci Birch Signature of an aut	Address Add Delete Other 984 W. Riverview Dr., Idaho Falls, ID
Traci Birch Signature of an aut	Address Add Delete Other 984 W. Riverview Dr., Idaho Falls, ID whorized person.