

State of Idaho

Office of the Secretary of State

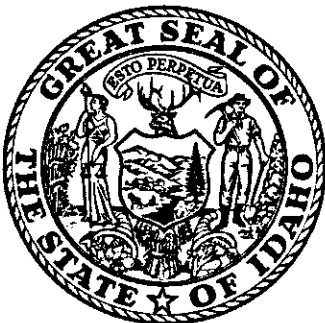
**CERTIFICATE OF AUTHORITY
OF
POST FALLS OPTOMETRIC PHYSICIANS, P.C.**

File Number C 177165

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Professional Service Corporation Act, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: February 14, 2008



Ben Yursa

SECRETARY OF STATE

By *Sally Lloyd*



APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

FILED EFFECTIVE
08 FEB 14 PM 12:41
SECRETARY OF STATE
STATE OF IDAHO

The undersigned Corporation applies for a Certificate of Authority and states as follows:

- The name of the corporation is:
Post Falls Optometric Physicians, P.C.
- The name which it shall use in Idaho is: Post Falls Optometric Physicians, P.C.
- It is incorporated under the laws of: Washington
- Its date of incorporation is: 01/11/2008
- The address of its principal office is:
341 N. Legend Tree Dr., Liberty Lake, WA 99019
- The address to which correspondence should be addressed, if different from Item 5, is:

- The street address of its registered office in Idaho is: 1859 N. Lakewood Drive, Suite 303,
and its registered agent in Idaho at that address is: Melissa Wells Coeur d'Alene, ID 83814
- The names and respective business addresses of its directors and officers are:

Name	Office Held	Business Address
<u>Sarah Marossy Hemmingson</u>	<u>President</u>	<u>1859 N. Lakewood Drive, Suite 303,</u> <u>Coeur d'Alene, ID 83814</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dated: 2-6-08

Signature: *[Signature]*

Typed Name: Sarah Marossy Hemmingson

Capacity: President

[The signer must be a director or an officer of the corporation.]

Customer Acct #

(if using pre-paid account)

Secretary of State use only

C 177165

IDAHO SECRETARY OF STATE
02/14/2008 05:00
CK: 269174 CT: 4260 BH: 1099707
1 @ 100.00 = 100.00 AUTH PRO # 2
1 @ 20.00 = 20.00 EXPEDITE C N 3

UNITED STATES OF AMERICA

The State of  Washington

Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION
OF
POST FALLS OPTOMETRIC PHYSICIANS, P.C.

I FURTHER CERTIFY that the records on file in this office show that the above named Professional Service Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 1/11/2008.

I FURTHER CERTIFY that as of the date of this certificate, POST FALLS OPTOMETRIC PHYSICIANS, P.C. remains active and has complied with the filing requirements of this office.

Date: February 6, 2008

UBI: 602-797-407



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

A handwritten signature in cursive script that reads "Sam Reed".

Sam Reed, Secretary of State