



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

2018 JAN -2 AM 10:38
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

River Vista Dental Holdings, LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

247 River Vista Place, ^{#300}Twin Falls, ID 83301

(Street Address)

(Mailing Address, if different)

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

L. Todd Ames

161 5th Ave S, Ste 200, Twin Falls, ID 83301

(Name)

(Address cannot be a post office box or postal mail box)

4. The name and address of at least one governor of the limited liability company:

Brian Rencher

247 River Vista Place, ^{#300}Twin Falls, ID 83301

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

247 River Vista Place, ^{#300}Twin Falls, ID 83301

(Address)

Signature of organizer(s):

Signature: 

Printed Name: Brian Rencher

Signature: _____

Printed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

01/03/2018 05:00

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