







STATE OF IDAHO

Office of the secretary of state, Lawerence Denney CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

-FILED-

File #: 0004371936

Date Filed: 8/6/2021 8:36:18 AM

| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (see descriptions below) | | Standard (filing fee \$100) | |
|--|---|--|--|
| 1. Limited Liability Company Name | | | |
| Type of Limited Liability Company | | Professional Limited Liability Company | |
| Entity name | | Boise Valley Ortho Nampa PLLC | |
| Profession The business is organized to pra | ctice the profession of: | Dentistry | |
| 2. The complete street address of the princ | <u></u> | , | |
| Principal Office Address | | 987 S RISING SUN DRIVE NAMPA, ID 83686 | |
| 3. The mailing address of the principal offic | e is: | | |
| Mailing Address | | 4643 S ULSTER ST STE 300 DENVER, CO 80237-3028 | |
| 4. Registered Agent Name and Address | | | |
| Registered Agent | | CT CORPORATION SYSTEM Commercial Registered Agent | |
| | | Physical Address | |
| | | 921 S ORCHARD ST | |
| | | STE G BOISE, ID 83705 | |
| | | Mailing Address | |
| | | 921 S ORCHARD ST | |
| | | STE G | |
| | | BOISE, ID 83705 | |
| I affirm that the registered a | gent appointed has consented t | o serve as registered agent for this entity. | |
| 5. Governors | | | |
| Name | Address | | |
| Jeff McMinn | 987 S RISING SUN DRIVE NAMPA, ID 83686 | | |
| Signature of Organizer: | | | |
| Susanne Reams | | | |
| Susanne Reams | | 08/06/2021 | |