



# **ARTICLES OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY**

(Instructions on back of application)

1. The name of the limited liability company is:

Orthodontic Specialists of Magic Valley, LLC

2. The street address of the initial registered office is:

318 Falls Avenue Twin Falls, ID 83301

and the name of the initial registered agent at the above address is:

Jeffrey Geist

3. The mailing address for future correspondence is:

828 Blue Lakes Blvd. N Twin Falls, ID 83301

4. Management of the limited liability company will be vested in:

Manager(s)  or Member(s)  (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name

Address

Jeffrey Geist 3210 Highlawn Drive TF ID 83301

Shane Schvaneveldt 2111 Candlewoood TF ID 83301

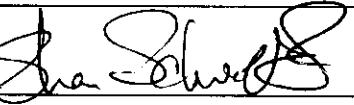
6. Signature of at least one person responsible for forming the limited liability company:

Signature: 

Secretary of State use only

Typed Name: Jeffrey Geist

Capacity: Member

Signature: 

Typed Name: Shane Schvaneveldt

Capacity: Member

corpforms LLC forms/startorganization/p65  
Revised 07/2002

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**07/18/2007 05:00**  
CK: 4628 CT: 160683 BH: 1066217  
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