



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 MAR 21 AM 8:51

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

STUCKI DENTAL GROUP, LLC

2. The complete street and mailing addresses of the initial designated office:

1760 KEARNEY STREET IDAHO FALLS, ID 83401

(Street Address)

(Mailing Address, if different than street address)

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

CONLEY R STUCKI

(Name)

1760 KEARNEY STREET IDAHO FALLS, ID 83401

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

CONLEY R STUCKI

1760 KEARNEY STREET IDAHO FALLS, ID 83401

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

1760 KEARNEY STREET IDAHO FALLS, ID 83401

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Conley R. Stucki

Typed Name: CONLEY R STUCKI

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/21/2014 05:00
CK: 3276 CT: 294634 BH: 1416382
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W135763