



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

11 NOV 21 AM 8:48

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

1. The name of the professional limited liability company is:

Children's Dentistry of Idaho, PLLC

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

349 West Iowa Ave. Nampa, ID 83686

(Street Address)

(Mailing Address, if different than street address)

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

Jeffrey Bryson

(Name)

349 West Iowa Ave. Nampa, ID 83686

(Street Address)

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

Name

Address

Jeffrey Bryson

349 West Iowa Ave. Nampa, ID 83686

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

349 West Iowa Ave. Nampa, ID 83686

6. Future effective date of filing (optional):

7. The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is: Pediatric Dentistry

Signature of a manager, member or authorized person.

Signature

Typed Name: Jeffrey Bryson

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
11/21/2011 05:00
CK: 215 CT: 264061 BH: 1298800
1 @ 100.00 = 100.00 PROF LLC # 2

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