







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 #: 0004886177

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Select one: Standard, Expedited or Same descriptions below)	Day Service (see	Standard (filing fee \$100)	
1. Limited Liability Company Name			
Type of Limited Liability Company		Limited Liability Company	
Entity name		Maverick Dental Hygiene LLC.	
2. The complete street address of the principal office is	i.		
Principal Office Address		5047 E RIVER PL POST FALLS, ID 83854	
3. The mailing address of the principal office is:			
Mailing Address		5047 E RIVER PL	
		POST FALLS, ID 83854-6891	
4. Registered Agent Name and Address			
Registered Agent		Registered Agent	
		Suzanne Metzger	
		Physical Address:	
		243 W SUNSET AVE COEUR D'ALENE, ID 83815	
		Mailing Address:	
		243 W SUNSET AVE	
		COEUR D ALENE, ID 83815-8305	
		00201127122112, 12 00010 0000	
I affirm that the registered agent appo	inted has consented	d to serve as registered agent for this entity.	
I affirm that the registered agent appo	inted has consented		
	inted has consented		
5. Governors	5047 E RIVE	d to serve as registered agent for this entity. Address R PL	
5. Governors Name	5047 E RIVE	d to serve as registered agent for this entity. Address R PL	
5. Governors Name Courtney Acree	5047 E RIVE	d to serve as registered agent for this entity. Address R PL	
5. Governors Name Courtney Acree	5047 E RIVE	d to serve as registered agent for this entity. Address R PL	