



ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2007 JUN 27 AM 8:34

SECRETARY OF STATE
STATE OF IDAHO

- The name of the professional limited liability company is: Potlatch Family Dental PLLC
- The professional LLC is organized for the practice in the profession of: Dentistry
- The address of the initial registered office is: 225 6th St. Potlatch, ID 83855
and the name of the initial registered agent is: Ammon M Pitt DDS
- Management of the professional limited liability company will be vested in:
 Manager(s) Member(s)
- If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one manager. If management is to be vested in members, list the name(s) and address(es) of at least one initial member.

Name	Address
<u>Ammon M Pitt DDS</u>	<u>225 6th St. Potlatch, ID 83855</u>
_____	_____
_____	_____
_____	_____

- Signature(s) of at least one person responsible for forming the limited liability company:

Signature *Ammon Pitt DDS*
 Typed Name Ammon Pitt DDS
 Capacity Member

Signature _____
 Typed Name _____
 Capacity _____

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Revised 08/2002

Web Form

IDAHO SECRETARY OF STATE
06/27/2007 05:00
CK: 1053 CT: 214040 BH: 1062572
1 @ 100.00 = 100.00 PROF LLC # 2

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