



Signature: Revised 01/2019

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COFFIE #: 0004164403

For Office Use Only

-FILED-

Date Filed: 2/4/2021 12:14:00 PM

Title 30, Chapters 21 and 25, Idaho Code Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed).

1.	The name of the professional limited liability company is: CHASE A BENSON DMD PLLC		
2.	The complete street and mailing addresses of the principal office is:		
	2051 E 1475 S, HAZELTON, ID 83335		
	(Street Address)		
	(Mailing Address, if different)		
3.	ame and street address of registered agent <u>in Idaho</u> :		
	CHASE A BENSON	2051 E 1475 S, HAZELTON, ID 83335	
	(Name)	(Address)	
4.	The name and address of at least one governor of the limited liability company:		
	CHASE A BENSON	2051 E 1475 S, HAZELTON, ID 83335	
	(Name)	(Address)	
	(Name)	(Address)	
	(Marie)	(1823-354)	
_	(Name)	(Address)	
5.	Mailing address for future correspondence (annual report notices):		
	2051 E 1475 S, HAZELTON, ID 83335		
_	(Mailing Address)		
6.	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:		
	PROFESSIONAL DENTISTRY		
	PROFESSIONAL DENTIS	INI	
_		. Secretary of State use only	
7.	Signature of a manager, member, or an org	anizer.	
Printed Name: CHASE A BENSON			
6/200 J. NO.	× 00 a		
Signature: X Chase Benson			
Del-	ntad Nama:		
-111	rinted Name:		