



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2013 JUL -1 PM 2: 02

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

IDAHO ORTHODONTICS TWIN FALLS, PLLC

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

625 E. ALAMEDA RD., POCATELLO, ID 83201

(Street Address)

(Mailing Address, if different than street address)

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

ERIC OLSEN

(Name)

201 East Center Street, Pocatello, ID 83201

(Street Address)

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

Name

Address

Eric D. Johnson

625 E. Alameda Rd., Pocatello, ID 83201

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

625 E. Alameda Rd., Pocatello, ID 83201

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: Dentistry

Signature of a manager, member or authorized person.

Signature

Brett R. Cahoon

Typed Name: Brett R. Cahoon, Authorized Person

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
07/01/2013 05:00
CK: 4769 CT: 169988 BH: 1300369
1 @ 100.00 = 100.00 PROF LLC # 2

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