

## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2006 JUL 21 AM 9: 19

1.	The name of the limited liability con	mpany is: SECRETARY OF STATE
	R.Nielson Dental #1, L	STATE OF IDAHO
2.	The street address of the initial regis	
	2635 Channing Way, Idal	
	and the name of the initial registered	
	Alan C. Stephens	
3.	The mailing address for future corres	spondence is:
	2635 Channing Way, Idah	
4.	Management of the limited liability co	
	Manager(s) or Member(s)	_
	if management is to be vested in one address(es) of at least one initial mar member(s), list the name(s) and add	e or more manager(s), list the name(s) and nager. If management is to be vested in the lress(es) of at least one initial member.
	• •	() of actodatione initial member.
	Name	Address
	Name	Address
	Name Lori R. Nielson	Address 695 S. Tiebreaker Dr., I.F., I.D.
6. S Sig	Name  Lori R. Nielson  ignature of at least one person response positive in the contract of th	Address  695 S. Tiebreaker Dr., I.F., I.D.  onsible for forming the limited liability company:
6. S Siç Ty	ignature of at least one person responsed Name: Lori R. Nielson	Address  695 S. Tiebreaker Dr., I.F., I.D.  onsible for forming the limited liability company:
6. S Siç Ty	Name  Lori R. Nielson  ignature of at least one person response positive in the contract of th	Address  695 S. Tiebreaker Dr., I.F., I.D.  onsible for forming the limited liability company:
6. S Sig Ty Ca	ignature of at least one person responsature:  ped Name: Lori R. Nielson pacity: Member	Address  695 S. Tiebreaker Dr., I.F., I.D.  onsible for forming the limited liability company:
6. S Sig Ca Sig Tyj	ignature of at least one person responsed Name: Lori R. Nielson	Address  695 S. Tiebreaker Dr., I.F., I.D.  onsible for forming the limited liability company:  Secretary of State use only  IDAHO SECRETARY OF STATE  07/21/2006 05:

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