FILED	EFFE	CTIVE
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		and the second secon
CERTIFICATE OF	TYCOOMBALISC	
(Instructions on back	k of application)	STATE OF IDAHO
1. The name of the limited liability co	mpany is:	-#-
AVONDALE DENTAL LABORATORY, I	LLC	
2. The complete street and mailing ac	Idresses of the initial desig	nated/principal office:
2926 Versailles Dr Coeur d' Alene, ID, 83815 (Street Address)	5	
(Mailing Address, if different than street address)		
The name and complete street add	lress of the registered age	nt:
Corporation Service Company (Name)	12550 W. Explorer Drive, Suite	e 100, Boise, ID 83713
(140112)	(Street Address)	
The name and address of at least o company:	one member or manager o	f the limited liability
Name	Address	
ROBERT A ROBSON	2926 VERSAILLES DR COE	UR D'ALENE ID 83815
		·····
	- <u></u>	· ····································
5. Mailing address for future correspo	ndence (annual report not	ices):
2926 VERSAILLES DR COEUR D'ALEN	VE ID 83815	
	····	
6. Future effective date of filing (optio	nal):	
Signature of a manager, member o	r authorized	
person.	[Secretary of State use only
Signature 3 - 1-45		
Typed Name: Shakir Pettyjohn/Assistant Sec	cretary	
Signature		
Typed Name:		
		IDAHO SECRETARY OF STATE 11/29/2010 05:01
	cert_org_8c Rev. 07/2010 1	CK: NONE CT: 1157 BH: 1248754 190.00 = 100.00 DRGAN LLC # 2 20.00 = 20.00 EXPEDITE C
		W98244
		NO POLEI
