

Signature:____

Rev. 07/2015

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code

1		Base Filing fee: \$100	0.00.	2015 00	T 19 A	M 10: 26
	Complete and submit the application in <u>duplicate</u> .			SECRETARY OF STATE		
1.	The name of the limited liability company is:				ATE OF IC	
	Destination Dentistry L.L.C.					
	the approper to include the words "Limited Liability Company," "Limited Company, "or the abbreviations L.L.C., Lt.C., or LC)					
2.	The com	plete street and maili	ing addresses of the principal	office is:		
	620 First Ave N			Ketchum	ID 8	3340
	To also the gr				State)	(Zipcode)
	PO Box	¢ 2273		Ketchum	ID 8	3340
	leser tipulodele	Cost, if if florence		(City) (State)	(Zipcade)
3.	The name and complete street address of the registered agent:					
	Benjam	nin R Franz	620 First Ave N	Ketchum	10	83340
	111 1141		(Address)	(City)	(State)	(Zipcode)
	 .			1.0.1.20		
4.	The nam	ie and address of at l	east one governor of the limit	ed liability company:		
	<u>Benjam</u>	nin R Franz	620 First Ave N	Ketchum		
			(Address)	(City)	(State)	(Zipcode)
	Brighter	n P Franz	620 First Ave N	Ketchum		83340
			(Address)	(City)	(State) (Zipcode
	Napolitik		(Address)	(City)	(State) (Zipcode
	1044(14B)		(Address)	(City)	(State) (Zipcode
5.	Mailing address for future correspondence (annual report notices):					
	PO Box		,	Ketchum	ID	83340
	1 H 1 1 1 2			(City)	(State)	(Zipcode)
	_					
•		organizer(s).	_	Secretary of State use o	nity	
Printed Name: Benjamin R Franz				10AHO SECRETARY OF STATE 10/19/2015 05:00		
				CK:1575 CT:27685		
Sig	nature:			10 100.00 = 100.00	ORGAN	LLC #2
. .						
Prir	nted Name	::				

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