



# CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed).

For Office Use Only

**-FILED-**

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

**Paul Concidine DDS PLLC**

2. The complete street and mailing addresses of the principal office is:

**Payette Dental 1537 2nd Ave S Payette, ID 83661**

3. Name and street address of registered agent in Idaho:

**Paul Concidine 1330 NW 24th St Fruitland, ID 83619**

4. The name and address of at least one governor of the limited liability company:

**Paul Concidine 1330 NW 24th St Fruitland, ID 83619**

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

**1330 NW 24th St Fruitland, ID 83619**

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:

**Dentistry**

7. Signature of a manager, member, or an organizer.

Printed Name: **Paul Concidine**

Signature: **Paul Concidine DDS**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

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