



**CERTIFICATE OF ORGANIZATION  
PROFESSIONAL  
LIMITED LIABILITY COMPANY**

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

**FILED EFFECTIVE**

2018 JUN 14 PM 2:56

SECRETARY OF STATE  
STATE OF IDAHO

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

**Comfort Care Dental of Burley, LLC**

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

**3550 Washington Pkwy, Idaho Falls, ID 83404**

(Street Address)

(Mailing Address, if different)

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

**Philip Harper**

(Name)

**3550 Washington Pkwy, Idaho Falls, ID 83404**

(Address)

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

**Philip Harper**

(Name)

**3550 Washington Pkwy, Idaho Falls, ID 83404**

(Address)

(Name)

(Address)

(Name)

(Address)

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

**3550 Washington Pkwy, Idaho Falls, ID 83404**

(Address)

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: **Dean J. Parker**

Printed Name:

Signature:

Printed Name:

Signature:

Secretary of State use only

IDaho SECRETARY OF STATE

06/14/2018 05:00

CK:PREPAID CT:12945 BH:1648958  
1@ 100.00 = 100.00 PROF LLC #2  
1@ 20.00 = 20.00 EXPEDITE C #3