

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 FEB 11 AM 8:34

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Stucki Dental Service LLC

2. The complete street and mailing addresses of the initial designated office:

524 E Fujii Dr., Nampa, ID 83686

(Street Address)

515 Fitness Pl Ste. 120, Eagle, ID 83616

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Keith Stucki

(Name)

524 E Fujii Dr., Nampa, ID 83686

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name	Address
Keith Stucki	524 E Fujii Dr., Nampa, ID 83686

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

515 Fitness Pl Ste. 120, Eagle, ID 83616

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Keith Stucki

Secretary of State use only

Signature _____

Typed Name: _____

IDAHO SECRETARY OF STATE
02/11/2015 05:00CR:2016 CT:306292 BH:1461280
1G 100.00 = 100.00 ORGAN LLC #2

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