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ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the professional limited liability company is: Blackfoot Smiles, PLLC
2. The professional limited liability company is organized for the practice of the profession(s) of: Dentistry
3. The address of the initial registered office is 310 W. Idaho, Blackfoot, ID 83221
(not a PO Box)

, and the name of the initial registered agent at that address is Dr. Richard Russell Burt

Signature of registered agent: *Dr. Richard Russell Burt*

4. Is management of the limited liability company vested in a manager or managers?
☒ Yes ☐ No (check appropriate box)
5. If management is vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is vested in the members, list the name(s) and address(es) of at least one member.

Name:

Address:

Dr. Richard Russell Burt

1040 Packer Dr., Blackfoot, ID 83221

6. Signature(s) of at least one person listed in #5 above:

Dr. Richard Russell Burt

Secretary of State only
IDAHO SECRETARY OF STATE

08/09/2000 09:00
CK: 5075 CT: 66240 BH: 340035

1 @ 100.00 = 100.00 PROF LLC # 2

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