



# CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

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

Legacy Family Dental Care PLLC

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

801 E Medical Ct Post Falls, Id 83854

(Street Address)

620 N 7th St Coeur d'Alene, Id 83814

(Mailing Address, if different than street address)

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

Whitney M Frank

(Name)

620 N 7th St Coeur d'Alene, Id 83814

(Street Address)

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

**Name**

**Address**

Whitney M Frank

620 N 7th St Coeur d'Alene, Id 83814

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

620 N 7th St Coeur d'Alene, Id 83814

6. Future effective date of filing (optional): \_\_\_\_\_

7. 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

Signature of a manager, member or authorized person.

Signature Whitney M Frank

Typed Name: Whitney M Frank

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

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