

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

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(Instructions on back of application) SECRETARY OF STATE

The name of the limited liability components of the limited liability comp	oany is:	STATE OF IDAHO
-		
and the name of the initial registered Edward C. Wagner, D.M.D.	agent at the above address is	
•		
Management of the limited liability co	ompany will be vested in:	
Manager(s) or Member(s) (please check the appropriate box)		
address(es) of at least one initial ma	nager. If management is to be	vested in the
Name	Addr	ess
Chad W. Roskelley, D.D.S.	2031 E. Hospitality Dr., #20	00, Boise, ID 83716
Edward C. Wagner, D.M.D. 2031 E. Hospitality Dr., #200, Boise, ID 83716		
	consible for forming the limited	liability company:
	DS/ Secre	stary of State use only
	operine	
1001	Aartso for	
Signature Signature	TC come	DAHO SECRETARY OF STATE
Typed Name: Edward C. Wagner, D. Capacity: Member	Pidometi.	CK: NONE CT: 22597 BH: 969681
	Creative Smiles, LLC The street address of the initial regis 2031 E. Hospitality Drive, Suite 20 and the name of the initial registered Edward C. Wagner, D.M.D. The mailing address for future corres 2031 E. Hospitality Drive, Suite 20 Management of the limited liability or Management is to be vested in one address(es) of at least one initial mamember(s), list the name(s) and add Name Chad W. Roskelley, D.D.S. Edward C. Wagner, D.M.D. Signature of at least one person responsible to the person responsibl	The street address of the initial registered office is: 2031 E. Hospitality Drive, Suite 200, Boise, Idaho 83716 and the name of the initial registered agent at the above address is Edward C. Wagner, D.M.D. The mailing address for future correspondence is: 2031 E. Hospitality Drive, Suite 200, Boise, Idaho 83716 Management of the limited liability company will be vested in: Manager(s) or Member(s) (please check the appropriate box) If management is to be vested in one or more manager(s), list then address(es) of at least one initial manager. If management is to be member(s), list the name(s) and address(es) of at least one initial manager. If management is to be member(s), list the name(s) and address(es) of at least one initial manager. If management is to be member(s), list the name(s) and address(es) of at least one initial manager. If management is to be member(s), list the name(s) and address(es) of at least one initial manager. If management is to be member(s), list the name(s) and address(es) of at least one initial manager. If management is to be member(s), list the name(s) and address(es) of at least one initial manager. If management is to be member(s), list the name(s) and address(es) of at least one initial manager. If management is to be member(s), list the name(s) and address(es) of at least one initial manager. If management is to be member(s), list the name(s) and address(es) of at least one initial manager. If management is to be member(s), list the name(s) and address(es) of at least one initial manager. If management is to be member(s), list the name(s) and address(es) of at least one initial manager. If management is to be member(s), list the name(s) and address(es) of at least one initial manager. If management is to be member(s), list the name(s) and address(es) of at least one initial manager. If management is to be member(s), list the name(s) and address(es) of at least one initial manager. If management is to be member(s), list the name(s) and address(es) of at least one initial

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