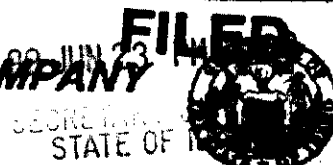


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ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)



1. The name of the professional limited liability company is: Eric D Johnson DDS MS PLLC
2. The professional limited liability company is organized for the practice of the profession(s) of: Orthodontics
3. The address of the initial registered office is 12640 Breakness Cr.
(not a PO Box)
Pocatello, ID 83202, and the name of the
initial registered agent at that address is Eric Johnson
Signature of registered agent: [Signature]
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:
<u>Eric Johnson</u>	<u>12640 Breakness Cr Pocatello, ID 83202</u>
_____	_____
_____	_____
_____	_____
_____	_____
6. Signature(s) of at least one person listed in #6 above: [Signature]

Secretary's Office use only

IDaho SECRETARY OF STATE

06/23/1999 09:00
CK: 3883 CT: 117197 SH: 228312

1 @ 100.00 = 100.00 PROF LLC # 2

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