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STATE OF IDAHO

ARTICLES OF INCORPORATION OF

JOEL NEWTON, D.D.S., P.A.

11/15/2000 09:00 (X: 306.0 CT: 40107 DH: 369964 1 E 106.00 = 100.00 CX0 # 2

THE UNDERSIGNED, Acting as incorporators of a corporation under the Idaho

Professional Service Corporationadopt the following Articles of Incorporation for such corporation.

Act does

FIRST: The name of the corporation is JOEL NEWTON, D.D.S., P.A.

SECOND: The period of its duration is perpetual.

THIRD: The purposes of the Corporation shall be to conduct a practice of dentistry.

The Corporation shall further have the power to engage in any and all other types of businesses and business pursuits which may in the opinion of the officers, directors and stockholders be for the general benefit of the Corporation. In carrying out these purposes, the Corporation shall have all lawful powers now or hereafter conferred by the laws of the State of Idaho upon corporations generally. The Corporation is further authorized to transact any or all other lawful businesses for which corporations may be incorporated under the Idaho Professional Service Corporation Act.

FOURTH: The aggregate number of shares which the corporation shall have authority to issue is One Thousand (1,000) shares.

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FIFTH: The address of the initial registered office of the corporation is 2064 Washington Street North, Twin Falls, Idaho 83301, and the name of its initial registered agent at such address is Joel Newton, D.D.S.

SIXTH: The number of directors constituting the initial board of directors of the corporation is one (1), and the names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and shall qualify are:

NAME

ADDRESS

Joel Newton, D.D.S.

2064 Washington Street North Twin Falls, ID 83301

SEVENTH: The name and address of each incorporator is:

<u>NAME</u>

ADDRESS

Joel Newton, D.D.S.

2064 Washington Street North Twin Falls, ID 83301

DATED This ______ day of November, 2000.

JOEL WEWTON, D.D.S.

STATE OF IDAHO) ss.
County of Twin Falls)

On this <u>/3th</u> day of November, 2000, before me, the undersigned Notary Public in and for said County and State, personally appeared JOEL NEWTON, known or identified to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year this certificate first above written.

PUBLIC AT TE OF IDATION

NOTARY PUBLIC FOR IDAHO

Residing at: _

Comm. Expires: