



ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
2005 MAR 22 AM 8:39
STATE OF IDAHO

1. The name of the professional limited liability company is:
Dr. Robert W. Hendricks, PLLC
2. The professional LLC is organized for the practice in the profession of: Dentistry
3. The address of the initial registered office is: 1591 E. Holly Street Boise, Idaho 83712
and the name of the initial registered agent is: Dr. Robert W. Hendricks
4. Management of the professional limited liability company will be vested in:
☐ Manager(s) ☒ Member(s)
5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one manager. If management is to be vested in members, list the name(s) and address(es) of at least one initial member.

Name

Address

Dr. Robert W. Hendricks

1591 E. Holly Street, Boise, Idaho 83712

6. Signature(s) of at least one person responsible for forming the limited liability company:

Signature Robert W. Hendricks

Typed Name Dr. Robert W. Hendricks

Capacity Member-Manager

Signature _____

Typed Name _____

Capacity _____

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Revised 09/2002

IDAHO SECRETARY OF STATE
03/22/2005 05:00
CK: 90256 CT: 13631 BH: 000002
1 @ 100.00 = 100.00 PROF LLC # 2

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