

ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

05 DEC -8 PM 4: 35

(Instructions on back of application)

1.	The name of the professional limited liability co	ompany is: SEURE OF STATE	
SOUTHEAST IDAHO ORTHODONTICS, PLLC			
2.	The professional LLC is organized for the prac	ctice in the profession of: DENTISTRY	
3.	The address of the initial registered office is: _	201 E. CENTER POCATELLO, IDAHO 83204	
	and the name of the initial registered agent is:	ERIC L. OLSEN	
4.	Management of the professional limited liability	y company will be vested in:	
☑ Manager(s) ☐ Member(s)			
5.	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. ERIC JOHNSON	625 E. ALAMEDA ROAD	
		POCATELLO, IDAHO 83201	
6.	Signature(s) of at least one person responsible	for forming the limited liability company:	
	Signature Duran Cuken		
	Typed NameCONRAD J. AIKEN	96 34	
	Capacity ORGANIZER		
	Signature	wised 09/2002	
	Typed Name		
	Capacity	CK: 2475 CT: 169988 BH: 925902 1 9 100.00 = 100.00 PROFILC # 2	