

## CERTIFICATE OF ORGANIZATION 2015 FEB 10 AM 11: 35 **PROFESSIONAL**

	LIMITED LIABILITY CON	MPANY SECRETARY OF STATE
	(Instructions on back of applicat	ion)
1.	The name of the professional limited liability co	ompany is:
	Sawtooth Dental	, PLLC
2.	The complete street and mailing addresses of the initial designated office:  139 River Vista Place, Suite 202  (Street Address)  Twin Falls, ID 83301  (Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:	
	Scott Hunsaker 139 River Vista PI, Ste 202 Twin Falls, ID 83301 (Name) (Street Address)	
4.	The name and address of at least one member liability company:  Name Eric Thomas  139 River V	or manager of the professional limited  Address ista PI, Ste 202 Twin Falls, ID 83301
5. (	Mailing address for future correspondence (annual report notices): 139 River Vista Place, Suite 202 Twin Falls, iD 83301	
6. 1	Future effective date of filing (optional):	
	The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is: Dentistry	
Sign:	ature of a manager, member or authorized	
Signa	The	Secretary of State use only
•	d Name: Eric Thomas	Thisp decreases on the
	ature	1DAHO SECRETARY OF STATE 02/10/2015 05:00
Typed Name:		CK:2564162 CT:172099 BH:146 16 100.00 = 100.00 PROF LLO

113 1@ 20.00 = 20.00 EXPEDITE C #5

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