



**CERTIFICATE OF ORGANIZATION
PROFESSIONAL
LIMITED LIABILITY COMPANY**

FILED EFFECTIVE

2017 JUN 19 AM 9:17

SECRETARY OF STATE
STATE OF IDAHO

Title 30, Chapters 21 and 25, Idaho Code
Filing fee: \$100 typed, \$120 not typed
Complete and submit the application in duplicate.

1. The name of the professional limited liability company is:

North Idaho Family Dentistry, PLLC

2. The complete street and mailing addresses of the principal office is:

6503 Harrison Street, Bonners Ferry, ID 83805

(Street Address)

5853 HWY 1, Bonners Ferry, ID 83805

(Mailing Address, if different)

3. Name and street address of registered agent in Idaho:

Amie Geyman

5853 HWY 1, Bonners Ferry, ID 83805

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

Taylor Geyman

5853 HWY 1, Bonners Ferry, ID 83805

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

5. Mailing address for future correspondence (annual report notices):

5853 HWY 1, Bonners Ferry, ID 83805

(Address)

6. 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

7. Signature of a manager, member, or an organizer.

Printed Name: Taylor Geyman, DDS

Signature:

Printed Name: _____

Signature: _____

Secretary of State use only

IDaho SECRETARY OF STATE

06/19/2017 05:00

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