

Signature: _

Printed Name: ___

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

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

FILED EFFECTIVE

7019 AUG 22 AM 9: 03

SECRETARY OF STATE STATE OF IDAHO

1.	The name of the professional limited liability company is: NS South, PLLC				
2.	The complete street and mailing addresses of the principal office is: 607 2nd St. South, Nampa, ID 83651				
	(Street Address)				
	(Mailing Address, if different)				
3.	Name and street address of registered age Kim B. Keller			. South	, Nampa, ID 83651
	(Name)	(Address)	· · · · · · · · · · · · · · · · · · ·		
4.	The name and address of at least one gove Kim B. Keller				, Nampa, ID 83651
	(Name)	(Address)			
	(Name)	(Address)			
	(Name)	(Address)			
5.	Mailing address for future correspondence (annual report notices): 607 2nd St. South, Nampa, ID 83651				
	(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				
					Secretary of State use only
7.	Signature of a manager, member, or an	organize	Г.		

Rev. 11/2017

IDAHO SECRETARY OF STATE 08/16/2018 05:00

CK:4295 CT:296709 BH:1659058

10 100.00 = 100.00 PROF LLC #3

IDAHO SECRETARY OF STATE 08/22/2018 05:00

CK:19959978 CT:172099 BH:1660049 1@ 20.00 = 20.00 EXPEDITE C #3