



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2014 NOV -6 AM 9:53

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

DENTAL FIT PRODUCTS & SERVICES, LLC

2. The complete street and mailing addresses of the initial designated office:

3299 E. 17TH STREET, IDAHO FALLS, ID 83406

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

ERIC L. OLSEN

(Name)

201 E. CENTER, POCA TELLO, ID 83201

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

**Name**

**Address**

D. GARTH STODDARD

625 E. ALAMEDA RD., POCA TELLO, ID 83201

JOHN C. BURTENSHAW

3299 E. 17TH STREET, IDAHO FALLS, ID 83406

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

3299 E. 17TH STREET, IDAHO FALLS, ID 83406

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: CONRAD J. AIKEN, ORGANIZER

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

11/06/2014 05:00

CK:5161 CT:169988 BH:1448337

1@ 100.00 = 100.00 ORGAN LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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