



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2015 JUN 17 AM 8:52

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Hillary Whipple, DMD PLLC

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

5 E. Galena Hailey, ID 83333

(Street Address)

(Mailing Address, if different than street address)

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

Hillary Whipple

(Name)

26 Lake Creek Dr. Ketchum ID
83340

(Street Address)

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

Name

Address

Hillary Whipple

26 Lake Creek Dr. Ketchum ID
83340

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

5 E. Galena Hailey, ID 83333

6. Future effective date of filing (optional): _____

7. 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: General Dentistry

Signature of a manager, member or authorized person.

Signature Hillary Whipple

Typed Name: Hillary Whipple

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/17/2015 05:00

CK:208 CT:311444 BH:1480183

1@ 100.00 = 100.00 PROF LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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