

252

FILED EFFECTIVE

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

2015 FEB -5 PM 3:31

 SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

COMFORT CARE DENTAL OF IDAHO FALLS, PLLC

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

3550 WASHINGTON PKWY, IDAHO FALLS, ID 83404

(Street Address)

(Mailing Address, if different than street address)

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

PHILIP HARPER

(Name)

3550 WASHINGTON PKWY, IDAHO FALLS, ID 83404

(Street Address)

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

Name**Address**
PHILIP HARPER
3550 WASHINGTON PKWY, IDAHO FALLS, ID 83404

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

3456 E 17TH #140 IDAHO FALLS, ID 83406

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: DENTISTRY

(Street Address)

Signature of a manager, member or authorized person.

Signature

 Typed Name: PHILIP HARPER

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

02/05/2015 05:00

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