

FILED EFFECTIVE



# **CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY**

09 MAR -5 PM 1:17

 SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

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

Roarke J. Miller, DMD, PLLC

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

15448 Moss Creek Way, Caldwell, Idaho 83607

(Street Address)

(Mailing Address, if different than street address)

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

Roarke J. Miller, DMD

(Name)

15448 Moss Creek Way, Caldwell, Idaho 83607

(Street Address)

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

Name

Address

Roarke J. Miller, DMD

15448 Moss Creek Way, Caldwell, Idaho 83607

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

15448 Moss Creek Way, Caldwell, Idaho 83607

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

Signature of an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

 Signature Roarke J. Miller, DMD

 Typed Name: Roarke J. Miller, DMD

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

 IDAHO SECRETARY OF STATE  
03/05/2009 05:00  
CR: 1420 CT: 234790 BH: 1159920  
1 @ 100.00 = 100.00 PROF LLC # 2

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