



# CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

**FILED EFFECTIVE**

2013 JUN -4 AM 8:50

(Instructions on back of application)

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

SmileMakers PLLC

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

142 River Vista Pl Twin Falls, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

Paul Romriell

(Name)

142 River Vista Pl Twin Falls, ID 83301

(Street Address)

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

Name

Address

Paul Romriell

1925 Tamarack Loop, Twin Falls, Idaho 83301

Janelle Romriell

1925 tamarack Loop, Twin Falls, Idaho 83301

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

142 River Vista Pl Twin Falls, ID 83301

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 a manager, member or authorized person.

Signature

Paul Romriell

Typed Name: Paul Romriell

Signature

Janelle Romriell

Typed Name: Janelle Romriell

Secretary of State use only

IDAHO SECRETARY OF STATE  
06/04/2013 05:00  
CK: 2265 CT: 283901 BH: 1376566  
1 @ 100.00 = 100.00 PROF LLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3

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