



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

**FILED EFFECTIVE**

2014 JUN 16 AM 9:49

 SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

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

Ryan W. Judd DMD, PLLC

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

7915 West Ustick Rd, Boise, ID 83704

(Street Address)

6373 N Heathrow Ct, Boise, ID 83713

(Mailing Address, if different than street address)

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

Ryan W. Judd, DMD

(Name)

7915 West Ustick Rd, Boise, ID 83704

(Street Address)

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

**Name**
**Address**
Ryan w. Judd, DMD
6373 N Heathrow Ct, Boise ID 83713
Tera L. Judd
6373 N Heathrow Ct, Boise ID 83713

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

6373 N Heathrow Ct, Boise ID 83713

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 \_\_\_\_\_

 Typed Name: Ryan W. Judd

Signature \_\_\_\_\_

 Typed Name: Tera L. Judd

Secretary of State use only

IDAHO SECRETARY OF STATE

06/16/2014 05:00

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