



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

**FILED EFFECTIVE**

12 FEB 10 PM 2:59

 SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

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

Boise Oral and Facial Surgery, PLLC

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

1000 N. Curtis Rd., Suite 103, Boise, ID 83703

(Street Address)

(Mailing Address, if different than street address)

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

Meuleman Mollerup, LLP

(Name)

755 West Front St., Suite 200, Boise, ID 83702

(Street Address)

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

Name
Address
Cole W. Anderson DMD, MS
1000 N. Curtis Rd., Suite 103, Boise, ID 83703

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

755 West Front St., Suite 200, Boise, ID 83702

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 Kimbal L. Gowland

 Typed Name: Kimbal L. Gowland, authorized person

Signature \_\_\_\_\_

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

Secretary of State use only

 IDAHO SECRETARY OF STATE  
 02/10/2012 05:00  
 CK: 901713 CT: 172899 BH: 1310215  
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