

252

FILED EFFECTIVE

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

2015 FEB -9 PM 2:39

**SECRETARY OF STATE
STATE OF IDAHO**

(Instructions on back of application)

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

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

524 E. Fujii Dr., Nampa, Idaho 83686

(Street Address)

(Mailing Address, if different than street address)
3. The name and complete street address of the registered agent:

United States Corporation Agents, Inc.
 (Name)

943 West Overland Road, Meridian, ID 83642
 (Street Address)
4. The name and address of at least one member or manager of the professional limited liability company:

| <u>Name</u> | <u>Address</u> |
|-----------------|--------------------------------------|
| Keith L. Stucki | 524 E. Fujii Dr., Nampa, Idaho 83686 |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
5. Mailing address for future correspondence (annual report notices):

524 E. Fujii Dr., Nampa, Idaho 83686
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: Dentist

Signature of a manager, member or authorized person.

Signature _____

 Typed Name: Cheyenne Moseley, Legalzoom.com, Inc.

Signature _____

Typed Name: _____

Secretary of State use only

**IDAHO SECRETARY OF STATE
02/09/2015 05:00**
**CK:2561468 CT:172099 BH:1460943
1@ 100.00 = 100.00 PROF LLC #2**

W147536