



# ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

1. The name of the limited liability company is:

River Dental Laboratory, LLC

2. The street address of the initial registered office is:

1000 Riverwalk, Idaho Falls, Idaho, 83402

and the name of the initial registered agent at the above address is:

Dave Stoddard

3. The mailing address for future correspondence is:

1000 Riverwalk, Idaho Falls, Idaho, 83402

4. Management of the limited liability company will be vested in:

Manager(s) ☒ or Member(s) ☐ (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) or at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name

Address

Troy Gasser

727 East, 200 North, Alpine, Utah 84004

Kelli Gasser

727 East, 200 North, Alpine, Utah 84004

6. Signature of at least one person responsible for forming the limited liability company:

Signature: Troy Gasser

Typed Name: Troy Gasser

Capacity: Manager

Signature: Kelli Gasser

Typed Name: Kelli Gasser

Capacity: Manager

Secretary of State use only

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Revised 07/2002

Web Form

IDAHO SECRETARY OF STATE  
01/23/2003 05:00  
CK: 32364 CT: 1490 BH: 658556  
1 @ 100.00 = 100.00 ORGAN LLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3

W 22419