



AMENDMENT TO CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$30.00.

Complete and submit the application in duplicate.**FILED EFFECTIVE**

2016 APR -7 PM 2:10
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Madison Park Dental Center, PLLC

2. The date the certificate of organization was originally filed : July 2, 2004

3. The name of the limited liability company is amended to:

4. The complete street and mailing addresses of the principal office is amended to:

(Street Address)

(Mailing Address, if different)

5. The mailing address for future correspondence (annual reports) is amended to:

(Address)

6. The name and address of the managers/members shall be amended as follows:

Add: ☐ Delete: ☒ James Cannon Allen, DDS, PC 35 Madison Professional Park, Rexburg, ID 83440
(Name) (Address)

Add: ☐ Delete: ☒ MPDC, P.C. 35 Madison Professional Park, Rexburg, ID 83440
(Name) (Address)

Add: ☐ Delete: ☐

(Name)

(Address)

7. Signature of a manager, member, or authorized person.

Printed Name: Robert L. Walker

Signature: *Robert L. Walker*

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

04/07/2016 05:00

CK:13376 CT:315362 BH:1522600

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W31687



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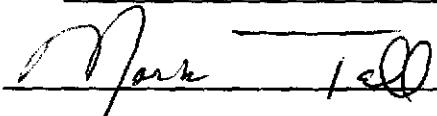
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Madison Park Dental Center, PLLC
2. The date the certificate of organization was originally filed : July 2, 2004
3. The name of the limited liability company is amended to:

4. The complete street and mailing addresses of the principal office is amended to:
35 Madison Professional Park Rexburg Idaho 83440
 (Street Address)

 (Mailing Address, if different)
5. The mailing address for future correspondence (annual reports) is amended to:
35 Madison Professional Park Rexburg Idaho 83440
 (Address)
6. The name and address of the managers/members shall be amended as follows:
- Add: ☒ Delete: ☐ Mark A Tall 2460 E 25th Street, Idaho Falls, Idaho 83404
 (Name) (Address)
- Add: ☒ Delete: ☐ Cade Baldwin 380 W Judicial St, Blackfoot, Idaho 83221
 (Name) (Address)
- Add: ☐ Delete: ☐ _____
 (Name) (Address)
7. Signature of a manager, member, or authorized person.
- Printed Name: Mark Tall
- Signature: 
- Printed Name: _____
- Signature: _____
- Secretary of State use only
- W31687