



# ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

2004 AUG -5 A 9:28  
SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the professional limited liability company is: Eagle Rock Dental Care of Idaho Falls, PLLC

2. The professional LLC is organized for the practice in the profession of: Dentistry

3. The address of the initial registered office is: 640 South Woodruff Avenue  
Idaho Falls, ID 83401

\_\_\_\_\_ and the name of the initial registered agent is: Alan R. Cooper

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

Manager(s)     Member(s)

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

Name	Address
<u>Douglas S. Barnard</u>	<u>640 South Woodruff Avenue Idaho Falls, ID 83401</u>
<u>Steven A. Barnard</u>	<u>Same</u>
<u>Alan R. Cooper</u>	<u>Same</u>
<u>J. Jeffrey Ybarguen</u>	<u>Same</u>
_____	_____

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

Signature [Signature]  
Typed Name Alan R. Cooper  
Capacity Registered Agent

Signature [Signature]  
Typed Name \_\_\_\_\_  
Capacity \_\_\_\_\_

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