



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

2014 FEB -4 PM 12: 06

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Lake Harbor Dental, PLLC

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

5355 W. State Street, Boise, ID 83703

(Street Address)

(Mailing Address, if different than street address)

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

Eric Ballou

(Name)

5355 W. State Street, Boise, ID 83703

(Street Address)

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

Name

Address

Michael E. Peterson, D.D.S., P.A.

5355 W. State Street, Boise, ID 83703

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

5355 W. State Street, Boise, ID 83703

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 _____

Typed Name: Scott A. Tschirgi

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
02/04/2014 05:00
CK: 3007 CT: 240376 BH: 1409069
1 @ 100.00 = 100.00 PROF LLC # 2

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