



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

SEP 30 AM 10:20

(Instructions on back of application)

 SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

3D Dental LLC

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

W 2008 Prairie Ave Coeur D'Alene, ID 83815

(Street Address)

(Mailing Address, if different than street address)

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

Elton E Trucotte

(Name)

W 2008 Prairie Ave Coeur D'Alene, ID 83815

(Street Address)

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

**Name**

**Address**

Elton E Turcotte

W 2008 Prairie Ave Coeur D'Alene, ID 83815

Dave Clements

W 2008 Prairie Ave Coeur D'Alene, ID 83815

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

W 2008 Prairie Ave Coeur D'Alene, ID 83815

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

*Elton E. Trucotte*

Typed Name: Elton E Trucotte

Signature

*Dave Clements*

Typed Name: Dave Clements

Secretary of State use only

IDAHO SECRETARY OF STATE  
09/30/2013 05:00  
CK: 675900454 CY: 86527 BH: 1392005  
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