

FILED EFFECTIVE

252



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FEB 11 PM 2:28
 SECRETARY OF STATE
 STATE OF IDAHO

(Instructions on back of application)

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

COMFORT CARE DENTAL OF POCATELLO, PLLC

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

485 E ALAMEDA POCATELLO, ID 83201

(Street Address)

(Mailing Address, if different than street address)

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

CHRISTOPHER HANSEN

(Name)

485 E ALAMEDA POCATELLO, ID 83201

(Street Address)

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

Name

Address

CHRISTOPHER HANSEN

485 E ALAMEDA POCATELLO, ID 83201

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

3456 E 17TH #140 IDAHO FALLS, ID 83406

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: CHRISTOPHER HANSEN

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

02/11/2015 05:00

CK: 2569070 CT: 172099 BH: 1461336

10 100.00 = 100.00 PROF LLC #2

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