





STATE OF IDAHO Office of the secretary of state, Phil McGrane CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

-FILED-

File #: 0005905964

09/20/2024

Date

Date Filed: 9/20/2024 3:22:15 PM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day S descriptions below)	ervice (see Standard (filing fee \$100)
1. Limited Liability Company Name	
Type of Limited Liability Company	Professional Limited Liability Company
Entity name	Natural Wellness Dentistry, PLLC
Profession	
The business is organized to practice the profess	ion of: Dentistry
2. The complete street address of the principal office is:	
Principal Office Address	102 S 1ST AVE
	STE 202
	SANDPOINT, ID 83864
3. The mailing address of the principal office is:	
Mailing Address	102 S 1ST AVE
	STE 202 SANDPOINT, ID 83864-1398
4 Designation of Address	
4. Registered Agent Name and Address Registered Agent	Registered Agent
Negistered Agent	Christie Jacques
	Physical Address:
	102 S 1ST AVE
	STE 202
	SANDPOINT, ID 83864
	Mailing Address:
	102 S 1ST AVE STE 202
	SANDPOINT, ID 83864-1398
I affirm that the registered agent appointed h	as consented to serve as registered agent for this entity.
Name	Address
	102 S 1ST AVE
Christie Jacques	STE 202
	SANDPOINT, ID 83864
	1,

Christie Jacques

Sign Here