

251

**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY****FILED EFFECTIVE**

2011 MAR 30 PM 4:06

(Instructions on back of application)

IDAHO SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Black Pearl Dental Laboratory, LLC

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

1557 Northgate Mile, Idaho Falls, ID 83401

(Street Address)

(Mailing Address, if different than street address)

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

Vehiatua H. Carlson

(Name)

1557 Northgate Mile, Idaho Falls, ID 83401

(Street Address)

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

Name**Address**Vehiatua H. Carlson1557 Northgate Mile, Idaho Falls, ID 83401

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

1557 Northgate Mile, Idaho Falls, ID 83401

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Vehiatua H. Carlson

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/31/2011 05:00
CK: 641989 CT: 172899 BH: 1266876
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

cert_org_llc Rev. 07/2010

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