FILED EFFECTIVE

252



CERTIFICATE OF ORGANIZATION

7817 APR 25 PM 2: 48

PROFESSI	RGANIZATION MAI	SECRETARY OF STATE
LIMITED LIABILIT	~ · · · · · —	STATE OF IDAHO
(Instructions on back	• • •	
1. The name of the professional limited	, , ,	
· · · · · · · · · · · · · · · · · · ·	Y DENTAL SERVICES, PLL	
2. The complete street and mailing add		ignated office:
1505 CLARK ST, DEER LODGE MT 5972 (Street Address)	2	
(Maling Address, if different than street address)		
3. The name and complete street addre	see of the registered aga	ant·
o. The harry and complete succession	see of the togletorog agr	ont.
FREDERICK WADSWORTH	1110 N FIVE MILE ROAD.	BOISE ID 83713
(Name)	(Street Address)	
liability company: Name BRENT C GOLDTHORPE, DMD	1505 CLARK ST, DEER LO	Idraes DDGE MT 59722
5. Mailing address for future correspond 1110 N FIVE MILE ROAD, BOISE ID 8371	*	tices):
6. Future effective date of filing (options	al):	
 The limited liability company is a pro- professions for which members are du professional services is: DENTISTRY 		
Signature of a manager, member or a person.	authorized	
SignatureBLEFORD		Secretary of State use only

Typed Name: BRENT C GOLDTHORPE

Signature Typed Name:

IDAHO SECRETARY OF STATE

04/25/2013 05:00

CK: 1375033 CT: 172099 BH: 1371202

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