

## **CERTIFICATE OF ORGANIZATION PROFESSIONAL** LIMITED LIABILITY COMPANY

11 MAR 15 PM 2:53

(Instructions on back of application) JECRETARY OF		SINIE
1. The name of the professional limited	liability company is: STATE OF IDA	OH4
Big Creek Family Dentistry, PLLC		
2. The complete street and mailing add	resses of the initial designated/principal office:	
2248 E. Alderhill Drive		_
(Street Address) Eagle, Idaho 83616	44	
(Mailing Address, if different than street address)	and the second s	-
3. The name and complete street address of the registered agent:		
Brad Williams	2248 E. Alderhill Drive, Eagle, Idaho 83616	
(Name)	(Street Address)	
4. The name and address of at least on liability company:  Name  Brad Williams	e member or manager of the professional limite  Address  2248 E. Alderhill Drive, Eagle, Idaho 83616	- -
5. Mailing address for future correspondence (annual report notices):  2248 E. Alderhill Drive, Eagle, Idaho 83616		
6. Future effective date of filing (optional): upon filing		
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.	Secretary of State use only	
Signature Dad M. Wan	Was a secondary or otale use only	
Typed Name: Brad Williams		
Signature		
Typed Name:		
- JP - S - Tanier	1DAHO SECRETARY OF STA 03/15/2011 05	:00
cert_org_pl	CK: 635286368 CT: 256568 BH Cpmd Rev. 07/2010 1 9 199.90 = 199.80 PROF	

1 0 100.00 = 100.00 PROFILC # 2 1 0 20.00 = 20.00 EXPEDITE C # 3

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