



Signature:

## CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY C

Title 30, Chapters 21 and 25, Idaho Code

For Office Use Only

## -FILED-

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Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed).

1.	The name of the professional limited liability company is:  Devin P Harr DMD PLLC			
2.	The complete street and mailing addresses of the principal office is:  264 W 150 S Rupert Idaho 83350  Street Astress			
	்.பி.afinit Address of pillerent)			
3.	Name and street address of registered agent <u>in Idaho</u> :			
	Devin P Harr	264 W	150	S Rupert Idaho 83350
	(varie)	(Address)		
4.	The name and address of at least one governor of the limited liability company:			
	Devin P Harr	264 W	150	S Rupert Idaho 83350
	Const.	(Address)		
	, No. me i	(Address)		
	Nation	(Address)		
5.	Mailing address for future correspondence (annual report notices):			
	264 W 150 S Rupert Idaho 83350			
6.	The limited liability company is a professional company, and the principal profession or professions for which members aduly licensed or otherwise legally authorized to render professional services is:  Dentistry			
7.	Signature of a manager, member, or an org	anizer.		Secretary of State use only
Pri	inted Name: Devin P Harr			
	gnature:		_	
Printed Name:				