



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 AUG 21 PM 4:45

SECRETARY OF STATE
STATE OF IDAHO

FILED EFFECTIVE

1. The name of the professional limited liability company is:

Legacy Falls Dental PLLC

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

15448 Moss Creek Way, Caldwell, Idaho 83607

(Street Address)

(Mailing Address, if different than street address)

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

Roarke J. Miller, D.M.D.

(Name)

15448 Moss Creek Way, Caldwell, Idaho 83607

(Street Address)

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

Name

Address

Roarke J. Miller, D.M.D.

15448 Moss Creek Way, Caldwell, Idaho 83607

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

15448 Moss Creek Way, Caldwell, Idaho 83607

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

7. 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 an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Signature _____

Typed Name: Roarke J. Miller, D.M.D., Member

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
08/22/2008 05:00
CK: 4529 CT: 1626 BH: 1132625
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