



**ARTICLES OF ORGANIZATION
PROFESSIONAL LIMITED
LIABILITY COMPANY**

(Instructions on back of application)

07-AUG-08 1 AM '08:49

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the professional limited liability company is:
Swan Falls Family Dentistry PLLC
2. The professional LLC is organized for the practice in the profession of: Dentistry
3. The address of the initial registered office is: 694 S. Iron Springs Ave., Kuna, Idaho 83634
and the name of the initial registered agent is: Zach Haws DDS
4. Management of the professional limited liability company will be vested in:
 Manager(s) Member(s)
5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one manager. If management is to be vested in members, list the name(s) and address(es) of at least one initial member.

Name

Address

Zach Haws DDS

694 S. Iron Springs Ave., Kuna, Idaho 83634

6. Signature(s) of at least one person responsible for forming the limited liability company:

Signature Zach Haws DDS
Typed Name Zach Haws
Capacity Member

Signature _____
Typed Name _____
Capacity _____

Form 100/08/08
Rev 08/08/2002
g:\forms\articles of organization_pfc08

Web Form

W65478
IDAHO SECRETARY OF STATE
08/08/2008 05:00
CK: 1019 CT: 216259 BH: 1069679
1 0 100.00 = 100.00 PROF LLC # 2