



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

2014 DEC 31 PM 4:23

 SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Sawtooth Dental Partners, PLLC

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

139 River Vista Place, Suite 202

(Street Address)

Twin Falls, ID 83301

(Mailing Address, if different than street address)

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

Eric Thomas

(Name)

139 River Vista Pl, Suite 202 Twin Falls, ID 83301

(Street Address)

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

Name

Address

Eric Thomas

139 River Vista Pl, Suite 202 Twin Falls, ID 83301

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

139 River Vista Place, Suite 202 Twin Falls ID 83301

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: Dentist

Signature of a manager, member or authorized person.

Signature

Typed Name: Eric Thomas

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

12/31/2014 05:00

CK:1180 CT:299153 BH:1455120
1@ 100.00 = 100.00 PROF LLC #2
1@ 20.00 = 20.00 EXPEDITE C #3

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