



**CERTIFICATE OF ORGANIZATION  
PROFESSIONAL  
LIMITED LIABILITY COMPANY**

2015 APR 15 AM 11:05

SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

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

PLAYHOUSE DENTISTRY FOR KIDS, PLLC

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

125 10TH STREET, MOUNTAIN HOME, IDAHO 83647

(Street Address)

(Mailing Address, if different than street address)

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

JOSHUA JENKINS

(Name)

125 10TH STREET, MOUNTAIN HOME, ID 83201

(Street Address)

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

NameAddress

GARTH D. STODDARD

1417 WINCHESTER DRIVE, POCA TELLO, ID 83201

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

125 10TH STREET, MOUNTAIN HOME, IDAHO 83647

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 a manager, member or authorized person.

Signature Conrad J. Aiken

Typed Name: CONRAD J. AIKEN, ORGANIZER

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

04/15/2015 05:00

CX:5289 CT:169988 BH:1471019

1@ 100.00 = 100.00 PROF LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3