



ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED
Aug 18 4 27 PM '99
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the professional limited liability company is: COMPLETE FAMILY DENTISTRY, PLLC

2. The professional limited liability company is organized for the practice of the profession(s) of: DENTISTRY

3. The address of the initial registered office is 516 S. CAPITOL BLVD.,
BOISE, IDAHO 83702 (not a PO Box)

, and the name of the initial registered agent at that address is CARL W. HARDER

Signature of registered agent: *Carl W. Harder*

4. Is management of the limited liability company vested in a manager or managers?
☐ Yes ☒ No (check appropriate box)

5. If management is vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is vested in the members, list the name(s) and address(es) of at least one member.

Name:

Address:

LAUREN A. YUN, DDS

381 N. 30TH ST, #D202, BOISE, ID 83702

6. Signature(s) of at least one person listed in #6 above:

Lauren Yun DDS

IDAHO SECRETARY OF STATE

Secretary of State use only

08/19/1999 09:00
CX: 3642 CT: 97664 MH: 243239

1 @ 100.00 = 100.00 PROF LLC # 2

W 9582