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CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code
Filing fee: $100 typed, $120 not typed
Complete and submit the application in duplicate.

FILED EFFECTIVE

2016 DEC 12 AM 10:45

SECRETARY OF STATE
STATE OF IDAHO

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

   Summit Dental Care Paul, PLLC

2. The complete street and mailing addresses of the principal office is:

   207 W Ellis St, Paul ID 83347
   (Street Address)

   PO Box 549 Paul ID 83347
   (Mailing Address, if different)

3. Name and street address of registered agent in Idaho:

   Kyle Christensen — 207 W Ellis St, Paul ID 83347
   (Name) — (Address)

4. The name and address of at least one governor of the limited liability company:

   Kyle Christensen — 207 W Ellis St, Paul ID 83347
   (Name) — (Address)

   Bryce Barfuss — 285 Canyon Crest Dr, Twin Falls ID 83301
   (Name) — (Address)

   (Name) — (Address)

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

   PO Box 549 Paul ID 83347
   (Address)

6. 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 ☑

7. Signature of a manager, member, or an organizer.

Printed Name: Kyle Christensen

Signature: Kyle Christ

Printed Name: Bryce Barfuss

Signature: Bryce Barf

Rev. 08/2015

Secretary of State use only

IDAHO SECRETARY OF STATE
12/12/2016 05:00
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