





STATE OF IDAHO Office of the secretary of state, Lawerence Denney CERTIFICATE OF ORGANIZATION LIMITED LIABILITY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0003940891

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| Select one: Standard, Expedited or Same Day Ser descriptions below) | vice (see Expedited (+\$40; filing fee \$140) |
|---|--|
| 1. Limited Liability Company Name | Market and the second |
| Type of Limited Liability Company | Professional Limited Liability Company |
| Entity name | Evan W Hathaway DDS, PLLC |
| Profession | |
| The business is organized to practice the profession | n of: Dentistry |
| 2. The complete street address of the principal office is: | |
| Principal Office Address | EVAN HATHAWAY |
| | 1217 E IRON EAGLE DR |
| | EAGLE, ID 83616 |
| 3. The mailing address of the principal office is: | |
| Mailing Address | EVAN HATHAWAY |
| | 1217 E IRON EAGLE DR |
| | EAGLE, ID 83616-6599 |
| 4. Registered Agent Name and Address | |
| Registered Agent | BRENDA NICOLARSEN CPA |
| | Registered Agent |
| | Physical Address |
| | 1200 W CHERRY LN STE 100 MERIDIAN, ID 83642 |
| | Mailing Address |
| I affirm that the registered agent appointed has | s consented to serve as registered agent for this entity. |
| Name | Address |
| EVAN W HATHAWAY | EVAN HATHAWAT |
| EVAN W HATHAWAY | I EVAN MALMAVAI |
| EVAN W HATHAWAY | 1217 E IRON EAGLE DR |
| EVAN W HATHAWAY | = |
| EVAN W HATHAWAY Signature of Organizer: | 1217 E IRON EAGLE DR EAGLE, ID 83616 |
| | 1217 E IRON EAGLE DR |
| Signature of Organizer: | 1217 E IRON EAGLE DR EAGLE, ID 83616 |

Payment in the amount of \$100.00 (if expedited, \$140; if 24 hours processing, \$200) - checks payable to the Secretary of



State, signed and recently dated.

This filing form (submit within 30 days) with the required signature(s).

If you are submitting a correction, return the correction letter with your updated document.