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CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2013 OCT 11 AM 10:27

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Elko Endodontics PLLC

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

2041 stadium blvd

(Street Address)

twin falls Idaho 83301

(Mailing Address, if different than street address)

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

Cameron Oler

(Name)

2041 stadium blvd

(Street Address)

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

Name

Address

Brad Simister

2041 stadium blvd twin falls Idaho 83301

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

2041 stadium blvd Twin falls Idaho 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: dentistry

Signature of a manager, member or authorized person.

Signature

Typed Name: Cameron Oler

Signature

Typed Name: Brad Simister

Secretary of State use only

IDAHO SECRETARY OF STATE
10/11/2013 05:00
CK: 1570448 CT: 172099 BH: 1393600
1 @ 100.00 = 100.00 PROF LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C N 3

cert_org_pllc.pmd Rev. 07/2010

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