

## **ARTICLES OF ORGANIZATION** PROFESSIONAL LIMITED **LIABILITY COMPANY**

SEP 21 4 20 PM .

SEORE STATE 7.6

(Instructions or	T back of application)
The name of the professional limited liabi	ility company is: PENNSYLVANIA DENTAL, PLLC
The professional limited liability company of: DENTISTRY	is organized for the practice of the profession(s)
The address of the initial registered office 83706-4302	e is 150 E, BOISE AVENUE, BOISE, IDAHO, (not a PO Box)
initial registered agent at that address is	, and the name of the TERRY E. BRADY, DDS
Signature of registered agent:	
Is management of the limited liability com ☐ Yes	npany vested in a manager or managers?  No (check appropriate box)
	nanager(s), list the name(s) and address(es) of at t is vested in the members, list the name(s) and
<u>Name:</u>	Address:
Name: TERRY E. BRADY, DDS	
<del></del>	
<del></del>	1920 E. MONTEREY DRIVE, BOISE, ID 8370
Signature(s) of at least one person listed in above	1920 E. MONTEREY DRIVE, BOISE, ID 8370  in #5  Secretary of State use only  IDANO SECRETARY OF STATE  69/22/2006 GR
Signature(s) of at least one person listed in	1920 E. MONTEREY DRIVE, BOISE, ID 8370  in #5  Secretary of State use only

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