



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

2008 OCT -2 PM 12: 02

(Instructions on back of application)

 SECRETARY OF STATE
STATE OF IDAHO

FILED EFFECTIVE

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

Canyon Falls Dental, P.L.L.C.

2. The complete street address, and mailing address if different, of the initial designated/ principal office:

143 E. Main, Jerome, ID 83338

3. The name of the commercial registered agent; or the name and complete street address of the non-commercial registered agent:

David M. Bond 143 E Main Jerome ID 83338

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

Name

Address

David M. Bond, D.D.S.

143 E. Main, Jerome, ID 83338

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

143 E. Main, Jerome, ID 83338

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 an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Signature

Typed Name:

David M. Bond

Signature

Typed Name:

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
 10/01/2008 05:00
 CK: 7300 CT: 142512 BH: 1138302
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