



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2013 APR 19 AM 11:32

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Sween Family Dentistry, LLC

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

PO Box 2637

(Street Address)

Hayden, Idaho 83835

(Mailing Address, if different than street address)

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

Holt Law Office, PLLC

(Name)

618 N 4th Street, Coeur d'Alene, ID 83814

(Street Address)

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

Name

Address

Craig Sween

PO Box 2637, Hayden, Idaho 83835

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

PO Box 2637, Hayden, Idaho 83835

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature _____

Typed Name: Kevin P. Holt

Signature _____

Typed Name: _____

Secretary of State use only

W624479