







STATE OF IDAHO Office of the secretary of state, Phil McGrane **CERTIFICATE OF ORGANIZATION LIMITED** LIABILITY COMPANY

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

For Office Use Only

-FILED-

File #: 0006160953

Date Filed: 3/14/2025 4:09:47 PM

| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (see descriptions below) | | Expedited (+\$40; filing fee \$ | 140) |
|---|--|--|-----------------|
| 1. Limited Liability Company Name | | | |
| Type of Limited Liability Company | | Professional Limited Liability Company | |
| Entity name | | McCall Dental Care - AD, PLLC | |
| Profession The business is organized to practice the profession of: | | Dentistry | |
| 2. The complete street address of the principal office | is: | | |
| Principal Office Address | | 327 DEINHARD LANE | |
| | | MCCALL, ID 83638 | |
| 3. The mailing address of the principal office is: | | 007 BEINIUA BB I N | |
| Mailing Address | | 327 DEINHARD LN MCCALL, ID 83638-4703 | |
| | | WOONEE, ID 00000 4700 | |
| 4. Registered Agent Name and Address | | RYAN SPEIRS DMD | |
| Registered Agent | | Registered Agent | |
| | | Physical Address | |
| | | 327 DEINHARD LANE | |
| | | MCCALL, ID 83638 | |
| | | Mailing Address | |
| ☑ I affirm that the registered agent appropriate in the registered agent agent and the registered agent | oointed has consented | to serve as registered agent fo | or this entity. |
| 5. Governors | | | |
| Name | Address | | |
| Ryan Speirs | 327 DEINHARD LN MCCALL, ID 83638-4703 | | |
| Signature of Organizer: | | | |
| Ryan Speirs | | | 03/14/2025 |
| Sign Here | | | - Date |