



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 JUL 29 AM 8:26

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

CF Dental Group, L.L.C.

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

382 Olivewood Place, Jerome, ID 83338

(Street Address)

(Mailing Address, if different than street address)

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

Jennifer Bond

(Name)

382 Olivewood Place, Jerome, ID 83338

(Street Address)

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

**Name**

Jennifer Bond

**Address**

382 Olivewood Place, Jerome, ID 83338

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

382 Olivewood Place, Jerome, ID 83338

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name: Jennifer Bond

Signature

Typed Name:

Secretary of State use only

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07/29/2008 05:00  
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Revised 07/2008

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