



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

08 AUG -1 AM 8:24
SECRETARY OF STATE
STATE OF IDAHO

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

Jeremy L. Hodge, DMD LLC

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

115 E. Chapel Rd.

(Street Address)

Pocatello, ID 83201

(Mailing Address, if different than street address)

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

Jeremy L. Hodge

(Name)

2453 Douglas St. Pocatello, ID 83201

(Street Address)

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

Name

Address

Jeremy L. Hodge

2453 Douglas St. Pocatello, ID 83201

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

115 E. Chapel Rd. Pocatello, ID 83201

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: Jeremy L. Hodge, DMD

Signature _____

Typed Name: _____

Secretary of State use only

9/20/2008/LLC form/secretary org. llc PMD Revised 07/2008

IDAHO SECRETARY OF STATE
08/01/2008 05:00
CK: 1139 CT: 228419 DH: 1129761
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