



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

The undersigned elects to be a Limited Liability Partnership, and submits the following information to the Secretary of State pursuant to Idaho Code § 53-3-1001.

1. The name of the limited liability partnership is: APEX DENTAL, LLP
2. If previously filed a statement of partnership, the name used in that statement is:
N/A
- The date it was filed with the Idaho Secretary of State's Office was: N/A
3. The street address of the limited liability partnership's chief executive office is:
1218 FILER AVE. EAST, TWIN FALLS, ID. 83301
4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: N/A
5. The mailing address for future correspondence is: 1218 FILER AVE. EAST, TWIN FALLS, ID. 83301
6. The above-named partnership elects to be a limited liability partnership.
7. Future effective date (optional): _____

8. Signature of at least 2 partners:

1) [Signature]

Typed Name GARY V. DIXON, DDS

2) [Signature]

Typed Name ERIC L. THOMAS, DDS

3) _____

Typed Name _____

Secretary of State use only

01/2001
g:\comp\forms\qualif.065 Revised

IDAHO SECRETARY OF STATE
09/25/2006 05:00
CK: 9058879 CT: 204750 BH: 976797
1 @ 100.00 = 100.00 QUALIF LLP # 2

Web Form

J1503

FILED EFFECTIVE

2006 SEP 25 AM 9:12

SECRETARY OF STATE
STATE OF IDAHO