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CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2018 AUG 22 PM 4: 32

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Signature Dental Lab LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

142 River Vista Pl Twin Falls, ID 83301

(Street Address)

(Mailing Address if different)

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

KYRSTEN M WOOLDRIDGE

341 Alturas Dr. Twin Falls, ID 83301

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

KYRSTEN M WOOLDRIDGE

142 River Vista Pl Twin Fall, ID 83301

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

142 River Vista Pl Twin Falls, ID 83301

(Address)

Signature of organizer(s).

Printed Name KYRSTEN M WOOLDRIDGE

Signature: Kyrsten M Wooldridge

Printed Name: Paul Remmelt

Signature: [Signature]

Rev. 01/2018

Secretary of State use only

IDAHO SECRETARY OF STATE

08/23/2018 05:00

CK:19969534 CT:172099 BH:1660244

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