



# **CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY**

2015 MAY 18 PM 4: 03

 SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

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

Your Special Smiles PLLC

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

905 Shoshone St. N, Twin Falls ID 83301

(Street Address)

PO Box 195, Jerome, ID 83338

(Mailing Address, if different than street address)

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

David Gadd

(Name)

905 Shoshone St. N. Twin Falls, ID 83301

(Street Address)

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

**Name**

**Address**

Brooke MO Fukuoka DMD

PO Box 195, Jerome, ID 83338

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

PO Box 195, Jerome, ID 83338

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 a manager, member or authorized person.

Signature [Signature]

Typed Name: Brooke MO Fukuoka DMD

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

05/18/2015 05:00

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