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# CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2016 JUN 27 PM 3:04

SECRETARY OF STATE  
STATE OF IDAHO

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

TWIN FALLS DENTAL GROUP, PLLC

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

788 EASTLAND DRIVE SUITE A, TWIN FALLS, ID 83301

(Street Address)

3548 WASHINGTON PARKWAY, IDAHO FALLS, ID 83404

(Mailing Address, if different)

3. Name and street address of registered agent in Idaho:

PHILIP HARPER

(Name)

3548 WASHINGTON PKWY, IDAHO FALLS, ID 83404

(Address)

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

PHILIP HARPER

(Name)

451 SUNTERRA DRIVE, IDAHO FALLS, ID 83404

(Address)

CHRIS HANSEN

(Name)

4950 TANGLEWOOD DRIVE, IDAHO FALLS, ID 83406

(Address)

NATHAN GEORGE

(Name)

2287 ANDREW STREET, POCA TELLO, ID 83201

(Address)

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

3456 E 17TH STREET SUITE 140, IDAHO FALLS, ID 83406

(Address)

6. 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

7. Signature of a manager, member, or an organizer.

Printed Name: CORBET MISKIN, ORGANIZER

Signature: 

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

06/27/2016 05:00

CK: 3983546 CT: 172099 BH: 1535188

1@ 100.00 = 100.00 PROF LLC #2

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