

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2015 JAN 22 AM 8: 51

T.	(Instructions on back of application) SECRETA		SECRETARY OF STAT STATE OF IDAHO
1.	The name of the limited liability c	ompany is:	STATE OF IDAHO.
	Oral Pro Management LLC		
2.	The complete street and mailing a	addresses of the in	itial designated office:
	(Street Address) Boise ID 83706		
	(Mailing Address, if different than street address)	
3.	The name and complete street address of the registered agent:		
	Cole Anderson	1000 N Curtis Rd Ste 103 Boise ID 83706	
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u> Cole Anderson	Address 1000 N Curtis Rd Ste 103 Boise ID 83706	
5.	Mailing address for future corresp	•	report notices):
	1000 N Curtis Rd Ste 103 Bosie ID 83	706	
6.	Future effective date of filing (opti	onal):	·
_	nature of a manager, member son.	or authorized	
-	Op//		Secretary of State use only
_	nature (de Muleren		IDAHO SECRETARY OF STAT
Тур	ed Name: Cole Anderson		01/22/2015 05:00 CK:1620 CT:305464 BH:14
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ΙYD	ed Name:		

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