



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE PROFESSIONAL LIMITED LIABILITY COMPANY

2014 JUN 18 PM 2:36

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

SHK HOLDINGS PLLC

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

1411 FALLS AVE. E. #1000 C TWIN FALLS, ID 83301
(Street Address)

(Mailing Address, if different than street address)

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

JOSHUA JENKINS DMD 1331 MOUNTAIN VIEW DRIVE TWIN FALLS, ID 83301
(Name) (Street Address)

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

Name	Address
<u>JOSHUA JENKINS DMD</u>	<u>1331 MOUNTAIN VIEW DRIVE TWIN FALLS, ID 83301</u>
_____	_____
_____	_____

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

JOSHUA JENKINS 1331 MOUNTAIN VIEW DRIVE TWIN FALLS, ID 83301

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.

Secretary of State use only

Signature [Signature] DMD

Typed Name: JOSHUA JENKINS DMD

Signature _____

Typed Name: _____

IDAHO SECRETARY OF STATE
06/18/2014 05:00

CK:131 CT:298121 BH:1429734
10 100.00 = 100.00 PROF LLC #2

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