

252

FILED EFFECTIVE



# CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

2013 AUG -6 PM 2:39

SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

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

~~Teton Valley Dental~~ MOUNTAIN RIVER DENTAL PLLC

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

7726 Lupine Dr. Victor, ID 83455

(Street Address)

(Mailing Address, if different than street address)

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

Curtis Carpenter

(Name)

295 Anderson Road Shelley, ID 83274

(Street Address)

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

**Name**

**Address**

Curtis Carpenter

295 Anderson Road Shelley, ID 83274

Tristan Taylor

12 North Country Manor Lane Alpine, UT 84004

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

7726 Lupine Dr. Victor, ID 83455

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: Dentist

Signature of a manager, member or authorized person.

Signature

Typed Name: Curtis Carpenter

Signature

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

Secretary of State use only

IDAHO SECRETARY OF STATE

08/06/2013 05:00

CK: 1505434 CT: 172099 BH: 1385109

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