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APPLICATION FOR REGISTRATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

20 8 32 AM
SECRETARY OF STATE
STATE OF IDAHO



The undersigned partnership hereby applies for registration as a Limited Liability Partnership, and submits the following information pursuant to section 53-343A, I.C.:

1. The name of the partnership is Northview Dental Center, LLP
2. It's principal office is located at 7337 Northview, Boise, Idaho 83704
3. It's registered office in Idaho is located at 7337 Northview, Boise, Idaho 83704
_____, and the name of the registered agent at that address is James M. Minas
4. The partnership is organized in the state of Idaho
5. The nature of it's business is ownership and management of real property
6. The name(s) and address(es) of at least one partner:

<u>Name</u>	<u>Address</u>
<u>James M. Minas</u>	<u>7337 Northview, Boise, Idaho 83704</u>
<u>William J. Slattery</u>	<u>7337 Northview, Boise, Idaho 83704</u>
<u>James F. Gabiola</u>	<u>7337 Northview, Boise, Idaho 83704</u>

7. Other matters (optional):

8. Signature(s) of at least one partner listed in item 6.

James F. Gabiola
James M. Minas
William J. Slattery

Secretary of State use only

IDAHO SECRETARY OF STATE

DATE 11/20/1996 0900 40622

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