



0004025229

**STATE OF IDAHO****Office of the secretary of state, Lawerence Denney
CERTIFICATE OF ORGANIZATION LIMITED LIABILITY
COMPANY**

Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080
(208) 334-2301
Filing Fee: \$100.00

For Office Use Only**-FILED-**

File #: 0004025229

Date Filed: 10/6/2020 8:40:20 AM

Certificate of Organization Limited Liability Company

Select one: Standard, Expedited or Same Day Service (see
descriptions below)

Standard (filing fee \$100)

1. Limited Liability Company Name

Type of Limited Liability Company
Entity nameLimited Liability Company
LEAP DENTAL LLC

2. The complete street address of the principal office is:

Principal Office Address

3456 E 17 ST
STE 180
AMMON, ID 83406

3. The mailing address of the principal office is:

Mailing Address

PO BOX 3093
IDAHO FALLS, ID 83403-3093

4. Registered Agent Name and Address

Registered Agent

Registered Agent
BRIAN WESTOVER
Physical Address:
3456 E 17 ST
STE 180
AMMON, ID 83406
Mailing Address:
PO BOX 3093
IDAHO FALLS, ID 83403-3093 I affirm that the registered agent appointed has consented to serve as registered agent for this entity.

5. Governors

Name	Address
BRIAN WESTOVER	PO BOX 3093 IDAHO FALLS, ID 83403-3093

Signature of Organizer:

BRIAN WESTOVER

Sign Here

10/06/2020

Date