



# **CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY**

**FILED EFFECTIVE**

10 MAR 29 PM 12:43

**SECRETARY OF STATE  
STATE OF IDAHO**

(Instructions on back of application)

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

Richardson Family Dentistry, PLLC

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

1232 North 1200 East, Shelley, Idaho 83274

(Street Address)

(Mailing Address, if different than street address)

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

Joyce Richardson

(Name)

1232 North 1200 East, Shelley, Idaho 83274

(Street Address)

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

**Name**
**Address**

Jared Lee Richardson

1232 North 1200 East, Shelley, Idaho 83274

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

1232 North 1200 East, Shelley, Idaho 83274

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 an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Signature

Typed Name:

Jared Lee Richardson

Signature

Typed Name:

Secretary of State use only

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IDAHO SECRETARY OF STATE  
 03/29/2010 05:00  
 CK: 836 CT: 246492 BH: 1215212  
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