

Typed Name _____

Capacity _____

ARTICLES OF ORGANIZATION **PROFESSIONAL LIMITED** LIABILITY COMPANY

FILED EFFECTIVE

2004 OCT 28 AH 9: 14

STATE OF IDAHO

	(Instructions on back of applica	STATE OF IDAHO	
1.	The name of the professional limited liability company is: SMILE MAKERS OF POCATELLO, PLLC		
2.	The professional LLC is organized for the prac	tice in the profession of:DENTISTRY	
3.	The address of the initial registered office is:	114 S 17TH AVE, POCATELLO ID 83201	
	and the name of the initial registered agent is:	GREGORY E. ROMRIELL	
4.	Management of the professional limited liability company will be vested in:		
	☐ Manager(s)		
5.	If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one manager. If management is to be vested in members, list the name(s) and address(es) of at least one initial member.		
	Name	Address	
	GREGORY E. ROMRIELL	114 S 17 AVE, POCATELLO IDAHO 83201	
	ERROL K. ORMOND	1550 JUNIPER DRIVE, POCATELLO ID 83201	
6.	5. Signature(s) of at least one person responsible for forming the limited liability company:		
	Signature		
	Typed Name GREGORY E ROMRIÉLL	ارم عالم	
	Capacity MANAGER	organization_pilc.p65	
	Signature	sed 09/2002	

IDAHO SECRETARY OF STATE

10/28/2004 05:00

CK: 2411 CT: 159232 BH: 773583
1 0 100.00 = 100.00 PROF LLC # 2