



**ARTICLES OF ORGANIZATION**  
**LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2005 MAY 13 AM 8:43

STATE TO REMAIN

1. The name of the limited liability company is:

**Kevin Hintz Family Dentistry L.L.C**

- 2. The street address of the initial registered office is:**

**1206 N. Idaho St. Post Falls, ID, 83854**

and the name of the initial registered agent at the above address is:

**Kevin Hintz**

- 3. The mailing address for future correspondence is:**

**1206 N. Idaho St. Post Falls, ID, 83854**

- 4. Management of the limited liability company will be vested in:**

Manager(s) ☐ or Member(s) ☒ (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

**Name****Address**

**Kevin Hintz DDS , 1206 N. Idaho St. Post Falls, ID, 83854**

Richelle Hintz ( 1206 N. Idaho St. Post Falls, ID, 83854

6. Signature of at least one person responsible for forming the limited liability company:

Signature: Kevin Hunt

Typed Name: Kevin Hintz DDS

Capacity: **Member**

Signature Richard A. Smith

Typed Name: Richelle Hintz

Capacity: Manager

Secretary of State use only

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05/13/2005 05:00  
CK: 5218 CT: 188780 BH: 818322  
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