

APPLICATION FOR REGISTRATION OF LIMITED LIABILITY PARTNERSHIP



(Instructions on back of application)

FILED

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 MT. BALDY DENTAL CENTER, L.L.P.
2. It's principal office is located at 1305 Highway 2 West, Sandpoint, ID 83864
3. It's registered office in Idaho is located at 1305 Highway 2 West, Sandpoint, ID 83864, and the name of the registered agent at that address is Dr. James R. Miller, D.D.S.
4. The partnership is organized in the state of Idaho
5. The nature of it's business is Office support for dental practices
6. The name(s) and address(es) of at least one partner:

Name

Address

James R. Miller, D.D.S., P.A.

1305 Highway 2 West, Sandpoint, ID 83864

Robert H. Harrison, D.D.S., P.A.

1305 Highway 2 West, Sandpoint, ID 83864

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7. Other matters (optional):

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

James R. Miller, DDS, PA, by James R. Miller, PRES.
Robert H. Harrison, DDS, PA, by Robert H. Harrison, PRES.

IDAH0 SECRETARY OF STATE

Secretary of State use only
11/10/1997 09:00
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