



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE PROFESSIONAL LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

2016 SEP -6 AM 11:20
SECRETARY OF STATE
STATE OF IDAHO

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

Dental Anesthesia Northwest, PLLC

2. The complete street and mailing addresses of the principal office is:

1010 E. Sherman Ave., Coeur d'Alene, ID 83814

(Street Address)

(Mailing Address, if different)

3. Name and street address of registered agent in Idaho:

Richard J. Montandon

1010 E. Sherman Ave., Coeur d'Alene, ID 83814

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

Richard J. Montandon

1010 E. Sherman Ave., Coeur d'Alene, ID 83814

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

1010 E. Sherman Ave., Coeur d'Alene, ID 83814

(Address)

6. 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

7. Signature of a manager, member, or an organizer.

Richard J. Montandon

Printed Name: _____

Signature: Richard J. Montandon

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/07/2016 05:00

CK:1006 CT:328737 BH:1545214

1@ 30.00 = 30.00 CONVERSION #2

W 171517



STATEMENT OF CONVERSION

Pursuant to § 30-22-405, Idaho Code

Filing fee: \$30 typed, \$50 not typed

Complete and submit the form in duplicate.

FILED EFFECTIVE

2016 SEP -6 AM 11:20

SECRETARY OF STATE
STATE OF IDAHO

Note: Conversion documents are complex. Please seek appropriate legal and/or financial advice before making this important business decision.

1. CONVERTING ENTITY:

Name: Dental Anesthesia Northwest, LLC

Jurisdiction: Idaho

Type: Limited Liability Company

(Corporation, Limited Liability Company, Limited Partnership, etc...)

- ☒ This is a domestic entity, and this plan of conversion was approved in accordance with § 30-22-405, Idaho Code.
- ☐ This is a foreign entity, and this plan of conversion was approved in accordance with the law of its jurisdiction of formation.

2. CONVERTED ENTITY:

Name: Dental Anesthesia Northwest, PLLC

Jurisdiction: Idaho

Type: Professional Limited Liability Company

(Corporation, Limited Liability Company, Limited Partnership, etc...)

- a. If this is a **domestic** entity or domestic limited liability partnership, please attach a copy of the entity's public organic record, or statement of qualification.
- b. If this is a **foreign** entity please designate a registered agent in the space provided:

(Registered Agent Name)

(Address)

3. EFFECTIVE DATE OF CONVERSION:

☒ Effective upon filing

☐ On future date: _____

(Enter date – not more than 90 days in the future)

Printed Name: Richard J. Montandon

Capacity: Manager

Signature: *Richard J. Montandon*

Secretary of State use only

IDAHO SECRETARY OF STATE

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