



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2014 AUG -7 AM 8:36

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Dental Now, LLC

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

5415 Steele Ave., Iona, ID 83427

(Street Address)

P.O. Box 383, Iona, ID 83427

(Mailing Address, if different than street address)

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

Nate Klingler

(Name)

5415 Steele Ave., Iona, ID 83427

(Street Address)

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

Name

Address

Nate Klingler

5415 Steele Ave., Iona, ID 83427

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

P.O. Box 383, Iona, ID 83427

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: B. J. Driscoll, attorney in fact

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

08/07/2014 05:00

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