

CERTIFICATE OF ORGANIZATION **PROFESSIONAL** LIMITED LIABILITY COMPANY

2013 JUN 20 AM 11: 54

(Instructions on back of application) 1. The name of the professional limited liability company is: SECRETARY OF STATE OF IDAHO	
2. The complete street and mailing addresses of	the initial designated office:
625 E. ALAMEDA RD., POCATELLO, ID 83201	and a construction of the
(Street Address)	
(Mailing Address, if different than street address)	
3. The name and complete street address of the	registered agent:
ERIC OLSEN 201 East O	enter Street, Pocatello, ID 83201
(Name) (Street Add	ress)
The name and address of at least one member liability company:	Address neda Rd., Pocatello, ID 83201
5. Mailing address for future correspondence (ann 625 E. Alameda Rd., Pocatello, ID 83201	ual report notices):
Future effective date of filing (optional):	
7. The limited liability company is a professional coprofessions for which members are duly licensed professional services is: Dentistry	ompany and the principal of
Signature of a manager, member or authorized person.	
Signature Journal City	Secretary of State use only
Typed Name: Conrad Aiken, Authorized Person	
Signature	
Typed Name:	IDAHO SECRETARY OF STATE 06/20/2013 05:00 CK: 4765 CT: 169988 BH: 1378930

1 @ 180.00 = 108.00 PROF LLC # 2

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