



CERTIFICATE OF ORGANIZATION **FILED EFFECTIVE** **PROFESSIONAL** **LIMITED LIABILITY COMPANY**

2013 JUN -4 AM 8:30

(Instructions on back of application)

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

DILLE DENTAL, PLLC

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

5874 NORTH PARCHMENT AVE, BOISE ID 83713

(Street Address)

(Mailing Address, if different than street address)

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

BRYAN J. DILLE

(Name)

5874 NORTH PARCHMENT AVE, BOISE ID 83713

(Street Address)

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

Name

Address

BRYAN J. DILLE

5874 NORTH PARCHMENT AVE, BOISE ID 83713

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

117 14TH AVE S, NAMPA ID 83651

6. Future effective date of filing (optional): _____

7. 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

Signature of a manager, member or authorized person.

Signature _____

Typed Name: BRYAN J. DILLE

Signature _____

Typed Name: _____

Secretary of State use only

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06/04/2013 05:00
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