



STATEMENT OF CONVERSION

Pursuant to § 30-22-405, Idaho Code

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

Complete and submit the form in duplicate.

For Office Use Only

-FILED-

File #: 0003342957

Date Filed: 10/30/2018 1:11:00 PM

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

1. CONVERTING ENTITY:

Name: ION DENTAL GROUP LLP

Jurisdiction: IDAHO

Type: LLP

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

☒ This is a domestic entity, and this plan of conversion was approved in accordance with § 30-22-403, 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: ION DENTAL GROUP LLC

Jurisdiction: IDAHO

Type: LLC

(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: CURTIS CARPENTER

Capacity: LLC MEMBER

Signature: _____

Secretary of State use only



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00 typed, \$120 not typed

Complete and submit the application in duplicate.

1. The name of the limited liability company is:

ION DENTAL GROUP LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

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

1433 N 980 E, SHELLEY, ID 83274

(Street Address)

(Mailing Address, if different)

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

CURTIS CARPENTER

295 ANDERSON RD, SHELLEY, ID 83274

(Name)

(Address)

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

CURTIS CARPENTER

295 ANDERSON RD, SHELLEY, ID 83274

(Name)

(Address)

CODY CARPENTER

2072 W 2200 S, SYRACUSE, UT 84075

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

1433 N 980 E, SHELLEY, ID 83274

(Address)

Signature of organizer(s).

Printed Name: CURTIS CARPENTER

Signature: 

Printed Name: _____

Signature: _____

Secretary of State use only