

FILED EFFECTIVE



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2007 JAN 19 AM 8:46

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

BRIAN TINGEY, DDS, LLC

2. The street address of the initial registered office is:

568 FALLS AVENUE, TWIN FALLS ID 83301

and the name of the initial registered agent at the above address is:

BRIAN J. TINGEY

3. The mailing address for future correspondence is:

568 FALLS AVENUE, TWIN FALLS ID 83301

4. Management of the limited liability company will be vested in:

Manager(s) or Member(s) (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name	Address
<u>BRIAN J. TINGEY</u>	<u>568 FALLS AVENUE, TWIN FALLS ID 83301</u>
_____	_____
_____	_____
_____	_____
_____	_____

6. Signature of at least one person responsible for forming the limited liability company:

Signature: *Brian J. Tinge*
Typed Name: BRIAN J. TINGEY
Capacity: MEMBER

Signature _____
Typed Name: _____
Capacity: _____

Secretary of State use only

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Revised 07/2002
Web Form

IDAHO SECRETARY OF STATE
01/19/2007 05:00
CK: 1284 CT: 288688 BH: 1827204
1 @ 100.00 = 100.00 ORGAN LLC # 2

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