



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2015 MAR 17 AM 8:52

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Key Dental Labs Properties, LLC

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

820 N. Spokane Street, Post Falls, ID 83854

(Street Address)

(Mailing Address, if different than street address)

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

David Zeien

(Name)

820 N. Spokane Street, Post Falls, ID 83854

(Street Address)

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

Name	Address
Walter Key	820 N. Spokane Street, Post Falls, ID 83854
Suzanne Key	820 N. Spokane Street, Post Falls, ID 83854
Matthew Odd	820 N. Spokane Street, Post Falls, ID 83854
David Zeien	820 N. Spokane Street, Post Falls, ID 83854

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

820 N. Spokane Street, Post Falls, ID 83854

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

Signature of a manager, member or authorized person.

Signature
Typed Name: Walter Key

Signature
Typed Name: Suzanne Key

Secretary of State use only

IDAHO SECRETARY OF STATE
03/17/2015 05:00
CK:118 CT:307765 BH:1466555
1@ 100.00 = 100.00 ORGAN LLC #2
1@ 20.00 = 20.00 EXPEDITE C #3

W149016