

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

COMMA	TE OF ORGANIZ	
(Instruct	ons on back of application))
The name of the limite	d liability company is:	- ************************************
The complete street an	mailing addresses of the	initial designated office:
7910 Ustick Road, Boise,	D 83704	
(Street Address)		
(Mailing Address, if different than	street address)	
The name and complet	street address of the regi	stered agent:
J. Scott Bobst, DDS	7910 Ustick Ro	ed, Boise, ID 83704
(Name)	(Street Address)	
Mailing address for futu	o correspondence (e	
7910 Ustick Road, Boise, I	e correspondence (annual 0 83704	report notices):
Future effective date of	iling (optional):	
nature of a manager, son.	nember or authorized	
nature <i>falls</i>		Secretary of State use only
ed Name: Scott Bobst,	DDS	
•		IDAHO SECRETARY OF STATE
nature		03/11/2013 05:00 CK: 2334 CT: 243989 BH: 1364038
		URI COOF UII CADTO 1911 13649138

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