



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2012 MAY 30 AM 9:15

(Instructions on back of application)

 SECRETARY OF STATE
STATE OF IDAHO

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

Andrew Stoddard Dental Services, PLLC

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

980 SW Colonial Dr. Mountain Home, ID, 83647

(Street Address)

(Mailing Address, if different than street address)

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

Andrew Stoddard

(Name)

980 SW Colonial Dr, Mountain Home, ID, 83647

(Street Address)

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

Name
Address
Andrew Stoddard
980 SW Colonial Dr, Mountain Home, ID, 83647

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

980 SW Colonial Dr, Mountain Home, ID 83647

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: Andrew Stoddard

Signature

Typed Name: _____

Secretary of State use only

 IDAHO SECRETARY OF STATE
 05/30/2012 05:00
 CK: 1486 CT: 246242 BH: 1326110
 1 @ 100.00 = 100.00 PROF LLC # 2
 1 @ 20.00 = 20.00 EXPEDITE C # 3

W 114329