APPLICATION FOR REGISTRATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)



STATE OF IDAHO

The undersigned partnership hereby applies for registration as a Limited Liability Partnership, and submits the following information pursuant to section 53-343A, I.C.

1.	The name of the partnership is	Br	ookside	Dental,	L.L.P.		*
2.	It's principal office is located at	35	1 W. Iow	a Ave.,	Nampa,	ID 836	86
3.	It's registered office in Idaho is	located at	812-E	12th Av∈	e. S., Na	ampa, 1	<u>ID</u> 8365
	agent at that address is						
4.	The partnership is organized in	the state	of Idaho				· ·
5.	The nature of it's business is						
6.	The name(s) and address(es) of at least one partner:						
	Name Address						
	Keith Stucki		351 W.	Iowa Ave	e., Nampa	a, ID	83686
							
7.	Other matters (optional):						
7.							
			Revised 6/97		049.5F.3F)9F ./15/199 .434 CT: 8382		90 512