



# CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2015 JUN 15 AM 10:05

SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

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

Driscoll Dental, PLLC

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

889 Dell Road, Chubbuck, ID 83202

(Street Address)

(Mailing Address, if different than street address)

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

Mitch Driscoll

(Name)

889 Dell Road, Chubbuck, ID 83202

(Street Address)

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

**Name**

**Address**

Mitch Driscoll

889 Dell Road, Chubbuck, ID 83202

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

889 Dell Road, Chubbuck, ID 83202

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: General Dentistry

Signature of a manager, member or authorized person.

Signature *B. J. Driscoll*

Typed Name: B. J. Driscoll, Attorney in Fact

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

**06/15/2015 05:00**

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