

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2009 JAN 21 AM 8= 32

| 1. | The name of the limited liability comp | eany is: | SECRETARY OF STATE STATE OF IDAHO |
|------|--|------------------------------------|--|
| | Blue | eSky Dental, LLC | |
| 2. | The complete street and mailing addresses of the initial designated/principal office: | | |
| | | S. Harrison St | |
| | (Street Address) | oscow, ID 83843 | |
| | (Mailing Address, if different than street address) | | ************************************** |
| 3. | The name and complete street address of the registered agent: | | |
| | Kevin C. Henry DDS | 718 S. Harriso | n,Moscow, ID 83843 |
| | (Name) | (Street Address) | |
| 4. | The name and address of at least one member or manager of the limited liability company: | | |
| | Name | Address | |
| | Kevin C. Henry DDS | 718 S. Harrison | St, Moscow, ID 83843 |
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| | | | : |
| | | | |
| | • | | |
| 5 | Mailing address for future corresponde | ance (annual renort r | notices): |
| ٥. | 718 S Harrison St, Moscow ID | | 1011000). |
| | 710 S hallison St, moscow in | | |
| 6. | Future effective date of filing (optional |): | |
| | | | |
| _ | nature of organizer(s). (An organizer is a m | ember, or is | |
| | -1111 | ę | Secretary of State use only |
| Sign | nature | | |
| Тур | ed Name: Kevin C. Henry DDS | § | |
| Siar | rature | 1C formskert_org_Kc-PMD 07/2008 | IDANO SECRETARY OF STATE 01/21/2009 05:0 |

Typed Name: