

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 JAN -6 AM 8:38

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Lake City Dental, LLC

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

700 Ironwood Drive, Suite 218, Coeur d'Alene ID 83814

(Street Address)

(same)

(Mailing Address, if different than street address)

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

Gary Bills

(Name)

700 Ironwood Drive, Suite 218, Coeur d'Alene ID 83814

(Street Address)

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

NameAddress

Gary Bills

700 Ironwood Drive, Suite 218, Coeur d'Alene ID 83814

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

700 Ironwood Drive, Suite 218, Coeur d'Alene ID 83814

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Gary Bills

Signature

Typed Name:

Secretary of State use only

 IDAHO SECRETARY OF STATE
 01/06/2011 05:00
 CK: 33439 CT: 3983 BH: 1254897
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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