



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2010 AUG 12 PM 3:26

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Alligator Pediatric Dentistry, PLLC

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

3365 S. Holmes Avenue

(Street Address)

Idaho Falls, ID. 83404

(Mailing Address, if different than street address)

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

Randy G. Smith

(Name)

3365 S. Holmes Avenue / Idaho Falls, ID. 83404

(Street Address)

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

<u>Name</u>	<u>Address</u>
<u>Randy G. Smith</u>	<u>3365 S. Holmes Avenue / Idaho Falls, ID. 83404</u>
_____	_____
_____	_____

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

3365 S. Holmes Avenue / Idaho Falls, ID. 83404

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: Pediatric Dentistry

Signature of a manager, member or authorized person.

Signature [Handwritten Signature]

Typed Name: Randy G. Smith

Signature _____

Typed Name: _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
08/12/2010 05:00
CK: 494323 CT: 172099 BH: 1234549
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