



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2016 APR 11 AM 9:18

SECRETARY OF STATE
STATE OF IDAHO

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

Christopher J Jones, DMD, PLLC

2. The complete street and mailing addresses of the principal office is:

142 River Vista Pl, Twin Falls, ID 83301

(Street Address)

1109 Creighton Road, Papillion, NE 68046

(Mailing Address, if different)

3. Name and street address of registered agent in Idaho:

Christopher Jones

142 River Vista Pl, Twin Falls, ID 83301

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

Christopher Jones

1109 Creighton Road, Papillion, NE 68046

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

1109 Creighton Road, Papillion, NE 68046

(Address)

6. 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:

Dentistry

7. Signature of a manager, member, or an organizer.

Printed Name: Christopher James Jones

Signature: Christopher James Jones

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

04/11/2016 05:00

CK:477 CT:322970 BH:1522881

1@ 100.00 = 100.00 PROF LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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