



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 AUG 30 AM 9:22

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Call Family Dentistry LLC

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

1352 E. Center STE B

(Street Address)

Pocatello, ID

(Mailing Address, if different than street address)

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

Thomas F. Call

(Name)

1352 E. Center STE B Pocatello, ID

(Street Address)

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

NameAddress

Thomas F. Call

1352 E. Center STE B Pocatello, ID

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

1352 E. Center STE B Pocatello, ID 83201

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Thomas F. Call

Signature

Typed Name: _____

Secretary of State use only

IDaho SECRETARY OF STATE
08/30/2010 05:00
CK: 9033 CT: 250797 BH: 1236812
1 @ 100.00 = 100.00 ORGAN LLC # 2

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