ARTICLES OF ORGANIZATION (Instructions on back of application) STATE CE TIME 29

| | The name of the professional limited liability company is: |
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| 1. | The name of the professional limited liability company is: |
| | Dennis J. Garpetti D.D.S., PLLC |
| 2. | The professional limited liability company is organized for the practice of the profession(s) of:dentistry |
| 3. | The address of the initial registered office is 8119 Ustick Road (not a PO Box) |
| | Boise, ID 83704 , and the name of the |
| | initial registered agent at that address is |
| | Signature of registered agent: |
| 4. | Is management of the limited liability company vested in a manager or managers? Yes No (check appropriate box) |
| 5. | If management is vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is vested in the members, list the name(s) and address(es) of at least one member. Name: Address: |
| | Dennis J. Garpetti 8119 Ustick Road, Boise, ID 83704 |
| | |
| | |
| 6. | Signature(s) of at least one person listed in #6 above: |
| | S CK: none CT: 1117 BH: 236158 1 8 108.08 = 100.00 PROF LLC 11 2 |
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