## ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY 64 (Instructions on back of application) 1. The name of the professional limited liability company is: Bear Lake The professional limited liability company is organized for the practice of the profession(s) 2. Of: Dentistry 3. The address of the initial registered office is 215 S. 4th, Montpelier, ID 83254 , and the name of the initial registered agent at that address is Robert J. Timothy Signature of registered agent: \_\_\_ The latest date certain on which the professional limited liability company will dissolve is: 4. N/A 5. Is management of the limited liability company vested in a manager or managers? ☐ Yes X No (check appropriate box) 6. 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: Robert J. Timothy DDS, PA 215 S. 4th. Montpelier, TD 83254 215 S. 4th, Montpelier, ID 83254 Kurt O. Iverson DDS, PA

7. Signature(s) of at least one person listed in #6 above:

Robert J. Timothy DDS, PA

Robert J. Timothy, President

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