



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

10 JAN 14 AM 8:28

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

All Smiles Dental Care, LLC

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

207 E. 15th Street Burley, Idaho 83318

(Street Address)

(Mailing Address, if different than street address)

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

Ronald C. Rice

(Name)

207 E. 15th Street Burley, Idaho 83318

(Street Address)

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

Name**Address**

Ronald C. Rice

207 E. 15th Street Burley, Idaho 83318

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

207 E. 15th Street Burley, Idaho 83318

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name: Ronald C. Rice

Signature

Typed Name:

Secretary of State use only

W 89787

IDAHO SECRETARY OF STATE
01/14/2010 05:00
CK: 20177 CT: 3700 BH: 1203445
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Revised 07/2008