

263

FILED EFFECTIVE



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2009 DEC -7 PM 3:30

SECRETARY OF STATE
STATE OF IDAHO

The undersigned elects to be a Limited Liability Partnership, and submits the following information to the Secretary of State pursuant to Idaho Code § 53-3-1001

1. The name of the limited liability partnership is: i-Confident Dental Implant Center LLP

2. If previously filed a statement of partnership, the name used in that statement is:

The date it was filed with the Idaho Secretary of State's Office was:

3. The street address of the limited liability partnership's chief executive office is:

834 Falls Avenue, Ste. 2060, Twin Falls, Idaho 83301

4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is:

5. The mailing address for future correspondence is: 834 Falls Avenue, Ste. 2060,
Twin Falls, Idaho 83301

6. The above-named partnership elects to be a limited liability partnership.

7. Future effective date (optional):

8. Signature of at least 2 partners:

1) [Signature]
Typed Name John Roberts, D.D.S., Partner

2) [Signature]
Typed Name Stan Lott, M'mbr. of Aculty, LLC, Ptr

3) _____
Typed Name _____

Secretary of State use only

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Web Form

IDAHO SECRETARY OF STATE
12/08/2009 05:00
CK: 355905 CT: 172899 BH: 1198220
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