



**CERTIFICATE OF ORGANIZATION
PROFESSIONAL
LIMITED LIABILITY COMPANY**

2015 MAY -1 AM 8:30

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

1. The name of the professional limited liability company is:

Boyle Family Dental I PLLC

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

1370 Est 17th St. Idaho Falls, ID 83404

(Street Address)

(Mailing Address, if different than street address)

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

Steven Stanley Boyle

(Name)

1370 Est 17th St. Idaho Falls, ID 83404

(Street Address)

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

Name

Address

Steven Stanley Boyle

1370 Est 17th St. Idaho Falls, ID 83404

Nicole Lynn Boyle

1370 Est 17th St. Idaho Falls, ID 83404

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

1370 Est 17th St. Idaho Falls, ID 83404

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

7. The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is: dentistry

Signature of a manager, member or authorized person.

Signature

Typed Name: Steven S. Boyle

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

05/01/2015 05:00

CK:1984 CT:309686 BH:1473502
1@ 100.00 = 100.00 PROF LLC #2
1@ 20.00 = 20.00 EXPEDITE C #3

W/51033