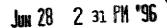
APPLICATION FOR REGISTRATION OF LIMITED LIABILITY PARTNERSHIP

To the Secretary of State of Idaho PO Box 43720 Boise, ID 83720-0080



The undersigned partnership hereby applies for registration as a Limited Liability Partnership, and submits the following information pursuant to section 53-343A, 1.C.

The	name of the partnership i	s <u>Nampa</u>	PLAZA	DENTA	AL ASSO	CIATES.	L.L.P.	*
lt's p	rincipal office is located a	d <u>1613A</u>	12th A	VENUE	ROAD			-
		NAMPA,	IDAHO	8368	3.6		/ h	•
it's n	egistered office in Idaho i	s located at	1613A	12th	avent	JE ROAD,	NAMPA,	_
IDA	но 83686	*			and the	name of the	e registen	ed .
ager	nt at that address is _DR.							_·
The	partnership is organized	n the state	of	IDAHO)			 •
The	nature of it's business is	<u>GENERA</u>	L PRAC	TICE (OF DENI	TISTRY		_ •
The	name(s) and address(es) of at least one partner:							!
	Name			M	dress			
D	R. BRIAN M. HOWARD		1613A	12TH	AVENUI	ROAD, N	AMPA, I	D 83
D	R. KAREN A. HAKE		1613A	12TH /	AVENUE	ROAD, NA	MPA, ID	836
								_
Othe	er matters (optional):						,	
								_
Sign in ite	ature(s) of at least one pa	intiner listed			8	scretery of State	can only	
	1				•	IDAN DATE 06/28/1	D SECRETARY (1996 0900	OF STATE 7508
	SMHO (pas	nu n		: :	5	CK #: 18736	CLEST# :	15675

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Fee: \$100 if typed with no attachments

ORGAN LLP 100.00= 100.00