



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2013 JAN 10 AM 9:06

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

Smiles 4 Kids Hailey PLLC SECRETARY OF STATE
STATE OF IDAHO

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

1411 Falls ave E. Twin Falls ID 83301 Sub 1000
(Street Address)

(Mailing Address, if different than street address)

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

Dennis G. Stoddard 1417 Winchester Dr. Pocatello ID 83201
(Name) (Street Address)

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

Name	Address
<u>Dennis G. Stoddard</u>	<u>1417 Winchester Dr. Pocatello ID 83201</u>
_____	_____
_____	_____
_____	_____

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

1411 Falls ave E. Twin Falls ID 83301 Sub 1000

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 Dennis G. Stoddard

Typed Name: Dennis G. Stoddard

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
01/10/2013 05:00
CK: 2697 CT: 270063 BH: 1355207
1 @ 100.00 = 100.00 PROF LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W/20781