

Capacity _____

ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED 20 LIABILITY COMPANY

SECRETARY OF STATE

2006 OCT 18 AM 8: 56

(Instructions on back of application) STATE OF IDAHO The name of the professional limited liability company is: Elite Dental Care, PLLC The professional LLC is organized for the practice in the profession of: 2. The address of the initial registered office is: 3423 Merlin Drive, Ste. 100, Idaho Falls, ID 83404 3. Management of the professional limited liability company will be vested in: 4. ☐ Member(s) ✓ Manager(s) If management is to be vested in one or more manager(s), list the name(s) and 5. address(es) of at least one manager. If management is to be vested in members, list the name(s) and address(es) of at least one initial member. Address Name 3551 Dairy Lane, Idaho Falls, ID 83404 J. Jeffrey Ybarguen 6. Signature(s) of at least one person responsible for forming the limited liability company: Typed Name B. J. Driscoll Organizer Capacity _____ Signature _____ IDAHO SECRETARY OF STATE Typed Name

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