



# **CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY**

**FILED EFFECTIVE**

2012 DEC 20 PM 4:43

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

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

MIKE CADY, DMD, PLLC

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

716 Yellowstone Avenue, Pocatello, Idaho 83201

(Street Address)

(Mailing Address, if different than street address)

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

Mike Cady

(Name)

716 Yellowstone Avenue, Pocatello, Idaho 83201

(Street Address)

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

Name

Address

Mike Cady

716 Yellowstone Avenue, Pocatello, Idaho 83201

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

716 Yellowstone Avenue, Pocatello, Idaho 83201

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

*Conrad J. Aiken*

Typed Name: Conrad J. Aiken, Authorized Person

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

12/21/2012 05:00

CK: 4648 CT: 169988 BH: 1352405  
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