



# CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

**FILED EFFECTIVE**

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

2017 MAR -6 PM 2: 15

SECRETARY OF STATE  
STATE OF IDAHO

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

Bown Dental, PLLC

2. The complete street and mailing addresses of the principal office is:

3157 S Bown Way #200, Boise, ID 83706

(Street Address)

(Mailing Address, if different)

3. Name and street address of registered agent in Idaho:

James Osterkamp

3500 S West Point Ave, Boise, ID 83706

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

James Osterkamp

3500 S West Point Ave, Boise, ID 83706

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

3157 S Bown Way #200, Boise, ID 83706

(Address)

6. 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

7. Signature of a manager, member, or an organizer.

Printed Name: James Osterkamp

Signature: [Handwritten Signature]

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

03/06/2017 05:00

CK: CASH CT: 335619 BH: 1572105  
1@ 100.00 = 100.00 PROF LLC #2  
1@ 20.00 = 20.00 EXPEDITE C #3

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