

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

2015 MAY 19 PM 1: 19

(Instructions on back of application) SEGRETARY OF STATE OF IDAHO 1. The name of the professional limited liability company is: Poise Dental Center Puce 2. The complete street and mailing addresses of the initial designated office: (Street Address) (Malling Address, if different than street address) 3. The name and complete street address of the registered agent: (Street Address) 4. The name and address of at least one member or manager of the professional limited liability company: Name Fuen Smith BOI N. 10th St. Poise ID 83702 4. The name and address of at least one member or manager of the professional limited liability company: Name Fuen Smith BOI N. 10th St. Balse ID 83702 5. Mailing address for future correspondence (annual report notices): BOI N. 10th St. Poise ID 83702 6. Future effective date of filling (optional): 7. The limited liability company is a professional company, and the principal profession or professional services is: Dentistry Signature of a manager, member or authorized person. Secretary of State use only IDAHO SECRETARY OF STATE 05/19/2015 05:00 CK:225 CT:31033 BH:1476101 18 100.00 = 100.00 PEGR LLC #2	LIMITED LIABILITY COM	PAIVI
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2. The complete street and mailing addresses of the initial designated office: 801 N 10th St. Boise, ID 83402 (Street Address) (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: (Name) 801 N. 10th St. Boise, ID 83402 (Street Address) 4. The name and address of at least one member or manager of the professional limited liability company: Name Fuen Smith 801 N. 10th St. Boise ID 83402 5. Mailing address for future correspondence (annual report notices): 801 N. 10th St. Boise ID 83402 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: 10 Dentistry Signature of a manager, member or authorized person. Signature Sand Screen of State use only 10 Datio Screen of State use only 11 Datio Screen of State use only 12 Datio Screen of State use only 13 Datio Screen of State use only 14 Datio Screen of State use only 15 Datio Screen of State use only 16 Datio Screen of State use only 17 Datio Screen of State use only 18 Datio Screen of State use	1. The name of the professional limited liability cor	npany is:
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