



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

2015 MAY 19 PM 1:19

 SECRETARY OF STATE
 STATE OF IDAHO

(Instructions on back of application)

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

Boise Dental Center PLLC

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

801 N. 10th St. Boise, ID 83702

(Street Address)

(Mailing Address, if different than street address)

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

Evan Smith

(Name)

801 N. 10th St Boise, ID 83702

(Street Address)

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

Name

Address

Evan Smith
801 N. 10th St Boise ID 83702

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

801 N. 10th St. Boise ID 83702

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 Evan Smith

 Typed Name: Evan Smith

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

05/19/2015 05:00

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1@ 100.00 = 100.00 PROF LLC #2

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