

## **CERTIFICATE OF ORGANIZATION** LIMITED LIABILITY COMPANY 11 AUG 19 AM 9: 12

SECRETORY (	OF STATE
STATE OF I	DAHO -

N. N.	(instructions on	back of application)	SECRETARY OF STATE	
1.	The name of the limited liabili	ty company is:	STATE OF IDAHO	
		Cougarpoint Dental Arts LLC		
2.	The complete street and mailin	•	designated/principal office:	
	(Street Address)			
	(Mailing Address, if different than street add	iress)		
3.	The name and complete street address of the registered agent:			
	Monty P. Short	4575 Hillview Rd. Emr	mett, Idaho	
	(Name)	(Street Address)		
4.	The name and address of at le company:	east one member or mana	ger of the limited liability	
	<u>Name</u>		Address	
	Monty P. Short	4575 Hillview Rd. Emi	mett, Idaho 83617	
<b>5</b> .	Mailing address for future corr	• •	rt notices):	
		<del></del>	<del></del>	
6.	Future effective date of filing (	optional):		
Sigi	nature of a manager, memb	er or authorized		
•	nature Months	hat _	Secretary of State use only	
Тур	ed Name: Monty P. Short			
Sign	nature		IDAHO SECRETARY OF STATE  98/19/2011 05:06  CK: 1884 CT: 261785 BH: 128719	
ανΤ	ed Name:	į	1 0 100.00 = 100.00 GRSAN LLC *	

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