

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY 2015 FEB -5 PM 1: 13

VE &	(Instructions on ba	ack of application)	SECRETARY OF STATE STATE OF IDAHO
1.	The name of the limited liability company is:		
	Dental Service Professionals, LLC		
2.	The complete street and mailing addresses of the initial designated office: 617 River Park Unit 210 Boise, Idaho 83706		
	(Street Address)		
	(Mailing Address, if different than street addres	ss)	
3.	The name and complete street address of the registered agent:		
	Shamous King	617 River Park	Jnit 210 Boise, Idaho 83706
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	<u>Name</u> Shamous King	047 D: D /	Address Jnit 210 Boise, Idaho 83706
		-,404.66	
5.	Mailing address for future corres 617 River Park Unit 210 Boise, Idaho	•	report notices):
6.	Future effective date of filing (op	tional):	
_	nature of a manager, member son.	or authorized	,
	1.1		Secretary of State use only
Sig	nature Matthew K	Tyl	IDAHO SECRETARY OF STATE
Тур	ped Name: Matthew K. Taylor		02/05/2015 05:00 CK:450 CT:277095 BH:1460
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Typed Name: _