



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2014 JUN -6 AM 9:59

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Paul JJ Clawson DDS, PLLC

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

2151 W Autumn Crest Court, Eagle, ID 83616

(Street Address)

(Mailing Address, if different than street address)

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

Paul JJ Clawson

(Name)

2151 W Autumn Crest Court, Eagle, ID 83616

(Street Address)

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

Name

Address

Paul JJ Clawson

2151 W Autumn Crest Court, Eagle, ID 83616

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

1045 S Ancona, Ste. 150, Eagle, ID 83616

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: Dentist

Signature of a manager, member or authorized person.

Signature Paul JJ Clawson

Typed Name: Paul JJ Clawson

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/06/2014 05:00

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