

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

03 MAR 28 PM 3: 13

1.	The name of the limited liability comp Christensen Dental, LLC	any is:	SEURLIARY OF STATE STATE OF IDAHO
2.	The street address of the initial registered office is: 15168 Kings Row, Caldwell, ID 83605		
	and the name of the initial registered a	agent at the abo	ove address is:
3.	The mailing address for future correspondence is: 15168 Kings Row, Caldwell, ID 83605		
4.	Management of the limited liability company will be vested in: Manager(s) or Member(s) (please check the appropriate box) If management is to be vested in one or more manager(s), list the name(s) and address(es) or at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.		
5.			
	Name		Address
	Lynde Christensen	15168 Kings F	Row, Caldwell, ID 83605
6. Signature of at least one person responsible for forming the limited liability company: Signature: Typed Name: Signature Typed Name: Capacity: Ca			
S	ignature	Cforms/art	
	yped Name: apacity:	olforms/LCforms Revised 07/2002	IDAHO SECRETARY OF STATE 93/28/2003 05:00
			CK: 35384 CT: 7289 BH: 671686