



# **CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY**

2012 OCT 12 AM 8:53

 SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

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

Clay Karlson DMD, PLLC

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

333 West Cedar Street, Pocatello, ID 83201

(Street Address)

(Mailing Address, if different than street address)

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

Clayton Karlson

(Name)

333 West Cedar Street, Pocatello, ID 83201

(Street Address)

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

**Name****Address**

Clayton Karlson

333 West Cedar Street, Pocatello, ID 83201

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

333 West Cedar Street, Pocatello, ID 83201

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

Typed Name: Clayton Karlson

Signature

Typed Name:

Secretary of State use only

 IDAHO SECRETARY OF STATE  
 10/12/2012 05:00  
 CK: 1158 CT: 275214 BH: 1343441  
 1 @ 100.00 = 100.00 PROF LLC # 2

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