



0004097814

**STATE OF IDAHO***Office of the secretary of state, Lawrence Denney***CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

Idaho Secretary of State

PO Box 83720

Boise, ID 83720-0080

(208) 334-2301

Filing Fee: \$100.00

*For Office Use Only***-FILED-**

File #: 0004097814

Date Filed: 12/10/2020 4:46:54 PM

Certificate of Organization Limited Liability Company					
Select one: Standard, Expedited or Same Day Service (see descriptions below)	Standard (filing fee \$100)				
1. Limited Liability Company Name					
Type of Limited Liability Company	Professional Limited Liability Company				
Entity name	JASON P. ALLRED, DMD, PLLC				
Profession					
The business is organized to practice the profession of:	Dentistry				
2. The complete street address of the principal office is:					
Principal Office Address	737 N. THORNTON ST STE A POST FALLS, ID 83854				
3. The mailing address of the principal office is:					
Mailing Address	STEVEN O. ANDERSON 720 W BOONE AVE STE 200 SPOKANE, WA 99201-2560				
4. Registered Agent Name and Address					
Registered Agent	Registered Agent JASON P ALLRED Physical Address: 737 N. THORNTON ST. STE A POST FALLS, ID 83854 Mailing Address: 737 N THORNTON ST STE A POST FALLS, ID 83854-6049				
<input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.					
5. Governors					
<table border="1"><thead><tr><th>Name</th><th>Address</th></tr></thead><tbody><tr><td>JASON P ALLRED DMD</td><td>737 N. THORNTON ST. SUITE A POST FALLS, ID 83854</td></tr></tbody></table>		Name	Address	JASON P ALLRED DMD	737 N. THORNTON ST. SUITE A POST FALLS, ID 83854
Name	Address				
JASON P ALLRED DMD	737 N. THORNTON ST. SUITE A POST FALLS, ID 83854				
Signature of Organizer:					
JASON P. ALLRED	12/10/2020				
Sign Here	Date				

B0560-7918 12/10/2020 4:47 PM Received by ID Secretary of State Lawrence Denney