



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

2013 FEB -5 PM 1:00

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Aesthetic Dental Design LLC

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

201 NE VICTOR GUST DR, MOUNTAIN HOME , IDAHO 83647

(Street Address)

(Mailing Address, if different than street address)

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

MARK HARPER

(Name)

201 NE VICTOR GUST DR, MOUNTAIN HOME , IDAHO

(Street Address)

83647

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

Name

Address

MARK HARPER

201 NE VICTOR GUST DR, MOUNTAIN HOME , IDAHO

83647

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

201 NE VICTOR GUST DR, MOUNTAIN HOME , IDAHO 83647

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: MARK HARPER

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
02/05/2013 05:00
CK: 1276294 CT: 172099 BH: 1358075
1 @ 100.00 = 100.00 ORGAN LLC # 2

W121600