



# CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2009 APR 29 PM 4: 23

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Horseshoe Bend Family Dentistry, LLC

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

2201 E. Gala Street, Meridian, ID 83642

(Street Address)

(Mailing Address, if different than street address)

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

David E. Seegmiller

2201 E. Gala Street, Meridian, ID 83642

(Name)

(Street Address)

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

**Name**

**Address**

David E. Seegmiller

2201 E. Gala Street, Meridian, ID 83642

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

2201 E. Gala Street, Meridian, ID 83642

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name: Brian K. Marshall, Organizer

Signature

Typed Name:

Secretary of State use only

groupformLLC Incorporation Org. Kit PHID  
Revised 07/2008

IDAHO SECRETARY OF STATE  
04/30/2009 05:00  
CK: 231116 CT: 172899 BH: 1168341  
1 @ 100.00 = 100.00 ORGAN LLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3

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