



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 AUG 14 AM 9:07

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Loftus Family Dental Management, LLC

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

134 North Evergreen Road, Suite 200 Louisville, KY 40243

(Street Address)

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

Dr. George Loftus

(Name)

3399 Skyharbor Dr Coeur d'Alene, ID

(Street Address)

83814

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

**Name**

**Address**

Stephen James

134 N. Evergreen Road, #200 Louisville, KY 40243

Paul Mortenson

134 N. Evergreen Road, #200 Louisville KY 40243

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

134 North Evergreen Road, Suite 200 Louisville, KY 40243

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Stephen James

Signature

Typed Name: Paul Mortenson

Secretary of State use only

IDAHO SECRETARY OF STATE  
08/14/2012 05:00  
CK: 117 CT: 273261 BN: 1335833  
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