

## ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

06 JUN 30 PH 1: 53

SECRETARY OF STATE STATE OF IDAHO

	,	STATE OF IDAHO
1.	The name of the professional limited liability company is:  JEFFERY HINCKLEY D.M.D. PLLC	
2.	The professional LLC is organized for the practice of the practice of the practice of the professional LLC is organized for the practice of the professional LLC is organized for the practice of the professional LLC is organized for the practice of the professional LLC is organized for the practice of	ctice in the profession of:DENTISTRY
3.	The address of the initial registered office is:	6200 RIVER POINTE DR E-207 BOISE, 83714
	and the name of the initial registered agent is:	JEFFERY HINCKLEY
4.	Management of the professional limited liability company will be vested in:	
☐ Manager(s)		
5.	If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one manager. If management is to be vested in members, list the name(s) and address(es) of at least one initial member.	
	Name	Address
	JEFFERY HINCKLEY	6200 N RIVER POINTE DR. E 207
		BOISE, ID 83714
6. \$	Signature(s) of at least one person responsible	for forming the limited liability company:
Signature Signature		
1	Typed Name / JEFFERY HINCKLEY	
C	Capacity	—   <del>-</del>   <del>-</del>   <del>-</del>   <del>-</del>
5	Signature	0 o crissification of crissifi
	Гуреd Name	IDAHO SECRETARY OF STATE
	Capacity	- 06/30/2006 05:00 CK: 2315 CT: 168257 BH: 963016

06/30/2006 05:00 CX: 2315 CT: 160257 BH: 9630 1 \$ 180.80 = 100.80 PROF LLC