



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2014 APR 11 AM 9:11

(Instructions on back of application)

1. The name of the professional limited liability company is:

Ideal Family Dentistry, PLLC

SECRETARY OF STATE
STATE OF IDAHO

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

700 Ironwood Dr., Ste. 212, Coeur d'Alene, ID 83814

(Street Address)

(Mailing Address, if different than street address)

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

John Coburn DMD

(Name)

700 Ironwood Dr., Ste. 212, Coeur d'Alene, ID 83814

(Street Address)

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

Name

Address

John Coburn DMD

700 Ironwood Dr., Ste. 212, Coeur d'Alene, ID 83814

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

700 Ironwood Dr., Ste. 212, Coeur d'Alene, ID 83814

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

7. The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is: Dentistry

Signature of a manager, member or authorized person.

Signature _____

Typed Name: John Coburn DMD

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
04/11/2014 05:00
CK: 1709 CT: 295543 BH: 1419765
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