

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 MAR 19 PM 2: 38 SECRETARY OF STATE

The name of the limited liability	STATE UF IDAHO
The name of the limited liability compa	-
Bois	ise Bench Dental LLC
The complete street and mailing addre	esses of the initial designated/principal office:
850 S. Late	tah St. Boise, ID 83705
(Street Address) 2404 E. Amit	ty Ave. Nampa, ID 83686
(Mailing Address, if different than street address)	
The name and complete street address	ss of the registered agent:
Quinn Joseph Smith	2404 E. Amity Ave. Nampa, ID 83686
(Name)	(Street Address)
The name and address of at least one company:	e member or manager of the limited liability
Name	Address
Quinn Joseph Smith	2404 E. Amity Ave. Nampa, ID 83686
Mailing address for future corresponde	ence (annual report notices):
•	ty Ave. Nampa, ID 83686
Future effective date of filing (optional)	1):
nature of organizer(s). (An organizer is a m	nember, or is
ing in behalf of a member or members)	
M. Sai	Secretary of State use only
gnature // /	
ped Name: Quinn Joseph Smith	IDAHO SECRETARY OF STATE DAHO SECRETARY OF STATE DAHO SECRETARY O
	IDAHO SECRETARY OF STATE
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ped Name:	1 9 198.90 = 199.90 ORGAN

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