FILED EFFECTIVE



Capacity _____

ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

06 FEB 17 PM 2: 19

SECRETILET OF STATE

(Instructions on back of application) STATE OF IDAHO The name of the professional limited liability company is: 1. Idaho Pediatric Dentistry PLLC The professional LLC is organized for the practice in the profession of: _____ Dentistry 2. The address of the initial registered office is: 601 West Bannock Street Boise ID 83702 3. and the name of the initial registered agent is: _____ Franklin G. Lee Management of the professional limited liability company will be vested in: 4. ✓ Manager(s) ☐ Member(s) If management is to be vested in one or more manager(s), list the name(s) and 5. 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 Dr. Christopher K. Loveland 11042 NW 60th Terr. Alachua, FL 32615 6. Signature(s) of at least one person responsible for forming the limited liability company: Signature CICICA Typed Name _____ Anne C. Kunkel Organizer Capacity ____ W 4757L Signature _____ Typed Name _____