



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

09 DEC 18 PM 1:00

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Dental Health Center, PLLC

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

56 Professional Plaza, Rexburg, ID 83440

(Street Address)

(Mailing Address, if different than street address)

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

Doug Smith

56 Professional Plaza, Rexburg, ID 83440

(Name)

(Street Address)

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

Name

Address

Doug Smith

56 Professional Plaza, Rexburg, ID 83440

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

56 Professional Plaza, Rexburg, ID 83440

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 an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Signature

Typed Name: Dale P. Thomson, Esq.

Signature

Typed Name: _____

Secretary of State use only

W89095

IDAHO SECRETARY OF STATE
12/18/2009 05:00
CK: 12757 CT: 23509 BH: 1199871
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