



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

08 SEP -4 PM 1:29

(Instructions on back of application)

 SECRETARY OF STATE
STATE OF IDAHO

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

Bryce Larsen, DMD, PLLC

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

950 Hospital Way, Suite B, Pocatello, Idaho 83201

(Street Address)

(Mailing Address, if different than street address)

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

Dave Bagley

(Name)

201 East Center Street, Pocatello, Idaho 83201

(Street Address)

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

Name
Address

Bryce Larsen

950 Hospital Way, Suite B, Pocatello, Idaho 83201

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

950 Hospital Way, Suite B, Pocatello, Idaho 83201

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:

Conrad J. Aiken

Signature

Typed Name:

Secretary of State use only

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IDAHO SECRETARY OF STATE
 09/04/2008 05:00
 CK: 3384 CT: 169988 BH: 1134440
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Revised 07/2008