## ARTICLES OF ORGANIZATION WWW PROFESSIONAL LIMITED LIABILITY COMPANY

To the Secretary of State of Idaho, Statehouse, Boise, Idaho 83720 N 12 9 02 M '95



The name of the professional limited lia Alpine Dental Associates, P	ibility company is:
The professional limited liability comparof:	ny is organized for the practice of the profession(
The address of the initial registered office Coeur d'Alene, Idaho 83814 initial registered agent at that address in Signature of registered agent:	(not a PO Box) , and the name of the
•	fessional limited liability company will dissolve is:
Is management of the limited liability cor	mpany vested in a manager or managers?
☐ Yes  If management is vested in one or more in least one initial manager. If management	No (check appropriate box)
☐ Yes  If management is vested in one or more	No (check appropriate box)  manager(s), list the name(s) and address(es) of
☐ Yes  If management is vested in one or more in least one initial manager. If management address(es) of at least one member.	Mo (check appropriate box)  manager(s), list the name(s) and address(es) of nt is vested in the members, list the name(s) and
☐ Yes  If management is vested in one or more in least one initial manager. If management address(es) of at least one member.  Name:	No (check appropriate box)  manager(s), list the name(s) and address(es) of nt is vested in the members, list the name(s) and   Address:
☐ Yes  If management is vested in one or more in least one initial manager. If management address(es) of at least one member.  Name:	Mo (check appropriate box)  manager(s), list the name(s) and address(es) of nt is vested in the members, list the name(s) and  Address:  2201 Government Way
☐ Yes  If management is vested in one or more in least one initial manager. If management address(es) of at least one member.  Name:  Lee P. Coppess, D.D.S.	Mo (check appropriate box)  manager(s), list the name(s) and address(es) of the name(s) and address:  Address:  2201 Government Way  Coeur d'Alene, ID 83814
☐ Yes  If management is vested in one or more in least one initial manager. If management address(es) of at least one member.  Name:  Lee P. Coppess, D.D.S.	manager(s), list the name(s) and address(es) of the name(s) and address(es) and address:  Address:  2201 Government Way  Coeur d'Alene, ID 83814  2201 Government Way  Coeur d'Alene, ID 83814

## CONSENT TO USE OF CORPORATE NAMEAN 12 9 02 AM '95

SECRETARY OF STATE

I, Lee P. Coppess, D.D.S., being the sole incorporator and director of Alpine Dental Associates, P.A., an Idaho corporation (File No. C 108548), do hereby consent to the use of the name Alpine Dental Associates, by Lee P. Coppess, D.D.S., and Mitchell S. Olson, D.D.S., in connection with a professional limited liability company under the same name.

DATED this // /day of January, 1995.

Lee P. Coppess, D.D.S.

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