Signature: __

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2016 FEB 17 AM 8: 56
SECRETARY OF STATE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed Complete and submit the application in <u>duplicate</u>.

1.	The name of the professional limited liability company is:		STATE OF IDAHO	
	Willow Tree Dental, PLLC			
2.	The complete street and mailing addresses of the principal office is: 317 W. Cherry Ln, Meridian, ID 83642 (Street Address)			
	(Mailing Address, if different)			
3.	Name and street address of registered agent <u>in Idaho</u> :			
	Douglas Dowdle, DMD	317 W. Cherry Ln, Meridian, ID 83642		
	(Name)	(Address)		
4.	The name and address of at least one governor of the limited liability company:			
	Douglas Dowdle, DMD	317 W. Cherry L	.n, Meridian ID 83642	
	(Name)	(Address)		
	Julie Hess, DMD	317 W. Cherry L	.n, Meridian ID 83642	
	(Name)	(Address)		
	Blake Imam, DMD	317 W. Cherry Ln, Meridian ID 83642		
	(Name)	(Address)		
5.	Mailing address for future correspondence (annual report notices): 317 W. Cherry Ln., Meridian, ID 83642			
S.	(Address) 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			
			Secretary of State use only	
7.	Signature of a manager, member	r, or an organizer.		
Pri	nted Name: Douglas Dowdle		IDAMO SECRETARY OF STATE 02/17/2016 05:00	
	nature		CK:1138 CT:320387 BH:1513817 16 100.00 = 100.00 PROF LLC #2 16 20.00 = 20.00 EXPEDITE C #3	
Pri	nted Name:	·		

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