

Signature___

Typed Name: _

CERTIFICATE OF ORGANIZATION **PROFESSIONAL** LIMITED LIABILITY COMPANY

2015 MAR 19 PM 4: 39

SECRETARY OF STATE

1. The name of the professional limited liability company is: Smiles 4 Kids Blackfoot PLLC 2. The complete street and mailing addresses of the initial designated office: 621 Jensen Grove Drive, Blackfoot, ID 83221 (Street Address) (Malling Address, if different than street address) 3. The name and complete street address of the registered agent: John Burtenshaw (Name) John Burtenshaw John Burtenshaw Street Address) 4. The name and address of at least one member or manager of the professional limited liability company: Name John Burtenshaw Kory D Bingham DDS PC 5. Mailing address for future correspondence (annual report notices): 621 Jensen Grove Drive, Blackfoot, ID 83221 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: Dental ignature Geretary of Slate use only Secretary of Slate use only Secretary of Slate use only	(Instructions on	back of application) STATE OF IDAHO
2. The complete street and mailing addresses of the initial designated office: 621 Jensen Grove Drive, Blackfoot, ID 83221 (Street Address) (Mailing Address. if different than street address) 3. The name and complete street address of the registered agent: John Burtenshaw (Name) 5183 E 21st Street, Idaho Falls, ID 83406 (Street Address) 4. The name and address of at least one member or manager of the professional limited liability company: Name Name Address John Burtenshaw 5183 E 21st Street, Idaho Falls, ID 83406 Kory D Bingham DDS PC 5. Mailing address for future correspondence (annual report notices): 621 Jensen Grove Drive, Blackfoot, ID 83221 6. Future effective date of filling (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: Dental Secretary of State use only ignature Secretary of State use only	1. The name of the professional	limited liability company is:
(Street Address) (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: John Burtenshaw (Name) 5183 E 21st Street, Idaho Falls, ID 83406 (Street Address) 4. The name and address of at least one member or manager of the professional limited liability company: Name John Burtenshaw Street Address John Burtenshaw Kory D Bingham DDS PC Address 5183 E 21st Street, Idaho Falls, ID 83406 Kory D Bingham DDS PC Address 5183 E 21st Street, Idaho Falls, ID 83406 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: Dental Secretary of State use only lignature Secretary of State use only		Smiles 4 Kids Blackfoot PLLC
(Malling Address, if different than street address) 3. The name and complete street address of the registered agent: John Burtenshaw	2. The complete street and mailin	g addresses of the initial designated office:
(Malling Address, if different than street address) 3. The name and complete street address of the registered agent: John Burtenshaw	621 Jensen Grove Drive, Blackfoot,	. ID 83221
3. The name and complete street address of the registered agent: John Burtenshaw	(Street Address)	A COLUMN CONTRACTOR OF THE PROPERTY OF THE PRO
3. The name and complete street address of the registered agent: John Burtenshaw	(Mailing Address, if different than street ad-	dress)
(Name) (Street Address) 4. The name and address of at least one member or manager of the professional limited liability company: Name Address John Burtenshaw Kory D Bingham DDS PC 5. Mailing address for future correspondence (annual report notices): 621 Jensen Grove Drive, Blackfoot, ID 83221 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: Dental Secretary of State use only lignature Secretary of State use only	3. The name and complete street	address of the registered agent:
4. The name and address of at least one member or manager of the professional limited liability company: Name John Burtenshaw Kory D Bingham DDS PC 5. Mailing address for future correspondence (annual report notices): 621 Jensen Grove Drive, Blackfoot, ID 83221 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: Dental Secretary of State use only lignature	John Burtenshaw	5183 E 21st Street, Idaho Falls, ID 83406
Name Address	(Name)	
5. Mailing address for future correspondence (annual report notices): 621 Jensen Grove Drive, Blackfoot, ID 83221 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: Dental ignature of a manager, member or authorized erson. Secretary of State use only		
621 Jensen Grove Drive, Blackfoot, ID 83221 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: Dental ignature of a manager, member or authorized erson. Secretary of Slate use only	5 Mailing address for future corre	
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: Dental ignature of a manager, member or authorized erson. Secretary of Slate use only ignature		•
professions for which members are duly licensed or otherwise legally authorized to render professional services is: Dental lignature of a manager, member or authorized erson. Secretary of Slate use only lignature		
ignature Secretary of State use only	professions for which members a	a professional company, and the principal profession or are duly licensed or otherwise legally authorized to render
ignature Secretary of State use only		r or authorized
ignature Joh, Br, Lenth	erson.	Secretary of State use only
	Signature SAL Bullette	
	yped Name; John Burtenshaw	

cert_erg_pac.pmd Rev. 07/2010

IDAHO SECRETARY OF STATE 03/20/2015 05:00

CK:2680582 CT:172039 BH:1467136 10 100.00 = 100.00 PROF LLC #2 16 20.00 = 20.00 EXPEDITE C #3