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CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

2015 MAR 19 PM 4:39

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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)

(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

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 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

Signature of a manager, member or authorized person.

Signature John Burtenshaw

Typed Name: John Burtenshaw

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

03/20/2015 05:00

CK:2680582 CT:172099 BH:1467136

1@ 100.00 = 100.00 PROF LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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