





STATE OF IDAHO Office of the secretary of state, Phil McGrane CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

-FILED-

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| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service descriptions below) | vice (see Standard (filing fee \$100) |
|---|--|
| 1. Limited Liability Company Name | |
| Type of Limited Liability Company | Professional Limited Liability Company |
| Entity name | Idaho Falls Dentures and Implants, PLLC |
| Profession The business is organized to practice the profession | n of: Dentistry |
| The complete street address of the principal office is: Principal Office Address | 2194 SNAKE RIVER PKWY STE 101 IDAHO FALLS, ID 83402 |
| 3. The mailing address of the principal office is: | |
| Mailing Address | 2194 SNAKE RIVER PKWY STE 101 IDAHO FALLS, ID 83402-4351 |
| 4. Registered Agent Name and Address | |
| Registered Agent | UNIVERSAL REGISTERED AGENTS, INC. Commercial Registered Agent |
| | Physical Address |
| | 1555 W SHORELINE DR |
| | STE 100 BOISE, ID 83702 |
| | Mailing Address |
| | 1555 W SHORELINE DR STE 100 BOISE, ID 83702 |
| ☑ I affirm that the registered agent appointed has | consented to serve as registered agent for this entity. |
| 5. Governors | |
| Name | Address |
| STE 10 | NAKE RIVER PKWY 01 FALLS, ID 83402-4351 |

Signature of Organizer:

Hunter Altvater

Sign Here

06/01/2023

Date