

Signature:

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

1. The name of the professional limited liability company is:

2016 APR -7 AM 8: 42

Complete and submit the application in duplicate.

SECRETARY OF STATE

	Total Wellness Dentistry, PLL		
2.	The complete street and mailing addresses of the principal office is: 113 Chesapeake Cove Stafford VA 22554 (Street Address)		
	(Mailing Address, if different)		
3.	Name and street address of registered agent in Idaho:		
	Matt Zastrow	2557 Marceille Ct Coeur d'Alene, ID 83815	
	(Name)	(Address)	
4.	The name and address of at least one governor of the limited liability company:		
	Brent Zastrow, DMD	113 Chesapeake Cove, Stafford, VA 22554	
	(Name)	(Address)	
	(Name)	(Address)	
	(Name)	(Address)	
5.	Mailing address for future correspondence (annual report notices):		
	113 Chesapeake Cove, Stafford, VA 22554		
	(Address)		
6.	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	er, or an organizer.	Sostonly of State and Striy
	Brent Zastrow, DMD)	IDAHO SECRETARY OF STATE
Pri	nted Name:		04/07/2016 05:00
Sig	gnature:		CK:1472 CT:322903 BH:1522594 16 160.00 = 100.00 PROF LLC #2
Pri	nted Name:		W164885