

251

**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.**FILED EFFECTIVE****2015 SEP 14 PM 4:25****SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the limited liability company is:

Grant Dental Management Group, LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or L.C.)

2. The complete street and mailing addresses of the principal office is:

2275 S. Eagle Road, Suite 140, Meridian, ID 83642

(Street Address)

(Mailing Address, if different)

3. The name and complete street address of the registered agent:

T. Hethe Clark**251 E. Front Street #200, Boise, ID 83702**

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

Scott W. Grant, DMD**2275 S. Eagle Road, Suite 140, Meridian, ID 83642**

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

5. Mailing address for future correspondence (annual report notices):

2275 S. Eagle Road, Suite 140, Meridian, ID 83642

(Address)

Signature of organizer(s).

Printed Name: **Scott W. Grant, DMD**

Signature:

Printed Name: _____

Signature: _____

Rev. 08/2015

Secretary of State use only

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09/15/2015 05:00CK: PREPAID CT: 39360 BH: 1492372
1@ 100.00 = 100.00 ORGAN LLC #2
1@ 20.00 = 20.00 EXPEDITE C #3

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