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CERTIFICATE OF ORGANIZATION FILED EFFECTIVE PROFESSIONAL LIMITED LIABILITY COMPANY

2014 OCT 31 AM 11:35

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

SmileMakers Dental of Pocatello **PLLC**

2. The complete street and mailing addresses of the initial designated office:

875 Yellowstone Ave, Suite E. Pocatello, Idaho 83201

(Street Address)

(Mailing Address, if different than street address)

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

Paul P. Romriell

(Name)

414 Roanoke Dr. Chubbuck, ID 83202

(Street Address)

4. The name and address of at least one member or manager of the professional limited liability company:

NameAddress

Paul P. Romriell

414 Roanoke Dr. Chubbuck, ID 83202

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

675 Yellowstone Ave, Suite E. Chubbuck, ID 83202

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: Dentistry

Signature of a manager, member or authorized person.

Signature

Typed Name: Paul P. Romriell

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

10/31/2014 05:00

CK:2329818 CT:172099 BH:1447612

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