



ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED DEC 31 AM 11:17
[our file no. 2748
SECRETARY OF STATE
STATE OF IDAHO

- The name of the professional limited liability company is: North End Dental, PLLC
- The professional LLC is organized for the practice in the profession of: dentistry
- The address of the initial registered office is: 704 N 17th Street, Boise, ID 83702
_____ and the name of the initial registered agent is: Andrew B. Chrisman
- Management of the professional limited liability company will be vested in:
 Manager(s) Member(s)
- If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one manager. If management is to be vested in members, list the name(s) and address(es) of at least one initial member.

Name	Address
<u>Andrew B. Chrisman, D.D.S.</u>	<u>704 N 17th Street, Boise, ID 83702</u>
_____	_____
_____	_____
_____	_____
_____	_____

6. Signature(s) of at least one person responsible for forming the limited liability company:

Signature *Andrew B. Chrisman D.D.S.*
Typed Name Andrew B. Chrisman, D.D.S.
Capacity Member

Signature _____
Typed Name _____
Capacity _____

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Revised 01/2001

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