



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 APR 20 AM 9:16

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Riverbend Dental Lab, LLC

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

2792 Cessna, Hayden, ID 83835

(Street Address)

P.O. Box 1651, Hayden, ID 83835

(Mailing Address, if different than street address)

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

Amber Rau

(Name)

2792 Cessna, Hayden, ID 83835

(Street Address)

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

**Name**

Amber Rau

**Address**

P.O. Box 1651, Hayden, ID 83835

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

P.O. Box 1651, Hayden, ID 83835

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name:

Amber Rau

Signature

Typed Name:

Secretary of State use only

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04/20/2009 05:00  
CK: 6392 CT: 205450 IN: 1166677  
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