

Capacity \_\_\_\_\_

## ARTICLES OF ORGANIZATION FILED/EFFECTIVE PROFESSIONAL LIMITED LIABILITY

1000	LIABILITY COMPANY 01 007 25 MID: 12
	(Instructions on back of application)
1.	The name of the professional limited liability company is:
2.	The professional LLC is organized for the practice in the profession of:
3.	The address of the initial registered office is: 2105 CORONADO, IDAHO FALLS, ID 83404
	and the name of the initial registered agent is:JARED_W. ALLEN
4.	Management of the professional limited liability company will be vested in:
	☐ Manager(s)      Member(s)
5.	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
	ROBERT OLSON, JR., DDS 9201 W. OVERLAND, BOISE, ID 83709
	BRENT L. CHAPMAN, DDS 9201 W. OVERLAND, BOISE, ID 83709
	ignature(s) of at least one person responsible for forming the limited liability company:
_	yped Name JARED W. ALLEN
C	gnature
	gnature   IDAHO SECRETARY OF STATE   10/25/2001 05:00   CK: 7483 CT: 1681 BH: 426216   CK: 7483 CT: 1681 BH: 426216
Ty	/ped Name

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