

## ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

## FILED EFFECTIVE

2005 NOV 29 Ali 8: 41

SECRETATI OF STATE

1.	The name of the professional limited liability co	ompany is:	STATE OF IDAHO
2.	The professional LLC is organized for the prac	tice in the profession of:	dentistry
3.	The address of the initial registered office is:	is: 480 North Latah, Boise, Idaho 83706	
	and the name of the initial registered agent is:	D.H. Skip Pierce	
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	
	D.H. Skip Pierce	2069 Creekside Lane, Boise, I	daho 83706
6. Signature(s) of at least one person responsible for forming the limited liability company:			
Signature Dean 11 Prese			
	yped Name D.H. Skip Pierce	- pilc. p65	
С	apacity Manager Managing Manager (DAL)	zation 20	
s	ignature	CK: 2629	APOSETABL OF STATE
	yped Name		) SECRETARY OF STATE 9/2005
	apacity	E   LK: 22659   E   1 8 180.86	CT: 194550 BH: 924148 B = 100.00 PROF LLC #

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