



# **CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY**

09 MAR 20 AM 8:32

 SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

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

BUCK DREW, DDS, PLLC

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

2100 Warm Springs Road, Ketchum, Idaho 83340

(Street Address)

P.O. Box 899, Ketchum, Idaho 83340

(Mailing Address, if different than street address)

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

Buck Drew

(Name)

2100 Warm Springs Road, Ketchum, Idaho 83340

(Street Address)

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

**Name****Address**

Buck Drew

2100 Warm Springs Road, Ketchum, Idaho 83340

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

P.O. Box 899, Ketchum, Idaho 83340

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 an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Signature

Typed Name: BUCK DREW

Signature

Typed Name:

Secretary of State use only

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 IDAHO SECRETARY OF STATE  
03/20/2009 05:00  
CK: 5004 CT: 24249 IN: 1162183  
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