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CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

2015 NOV 19 AM 10:07
SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

BITE SIZE DENTAL PLLC

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

3550 WASHINGTON PKWY IDAHO FALLS, ID 83404

(Street Address)

(Mailing Address, if different than street address)

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

PHIL HARPER

(Name)

451 SUNTERRA DRIVE IDAHO FALLS, ID 83404

(Street Address)

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

Name

Address

PHIL HARPER

451 SUNTERRA DRIVE IDAHO FALLS, ID 83404

CHRISTOPHER HANSEN

332 BEULAHS LANE IDAHO FALLS, ID 83401

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

3456 E 17TH STREET STE 140 IDAHO FALLS, ID 83406

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 a manager, member or authorized person.

Signature

Robert Crandall

Typed Name: ROBERT CRANDALL

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

11/19/2015 05:00

CK: 3376044 CT: 172099 BH: 1501038

1@ 100.00 = 100.00 PROF LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

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