



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
2006 NOV 28 AM 8:21

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

MAGIC VALLEY FACIAL IMAGING, L.L.C.

2. The street address of the initial registered office is:

590 Falls Ave., Twin Falls, ID 83301

and the name of the initial registered agent at the above address is:

Vincent L. Williams, DMD

3. The mailing address for future correspondence is:

590 Falls Ave., Twin Falls, ID 83301

4. Management of the limited liability company will be vested in:

Manager(s) ☐ or Member(s) ☒ (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name	Address
<u>Vincent L. Williams, DMD</u>	<u>590 Falls Ave., Twin Falls, ID 83301</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Signature of at least one person responsible for forming the limited liability company:

Signature: *Vincent L. Williams, DMD*

Typed Name: Vincent L. Williams, DMD

Capacity: Member

Signature _____

Typed Name: _____

Capacity: _____

Secretary of State use only

C:\compform\LLC form\articlesoforganization.pdf
 Revised 07/2002
 Web Form

IDAHO SECRETARY OF STATE
 11/28/2006 05:00
 CK: 1852 CT: 79389 BH: 1015865
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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