



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2006 AUG 28 AM 9:49

The undersigned elects to be a Limited Liability Partnership, and submits the following information to the Secretary of State pursuant to Idaho Code § 33-3-1001

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability partnership is: Artistic Dental LLP
2. If previously filed a statement of partnership, the name used in that statement is: _____
- The date it was filed with the Idaho Secretary of State's Office was: Jan. 2006
3. The street address of the limited liability partnership's chief executive office is:
1227 Filer Ave. East Twin Falls ID 83301
4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: _____
5. The mailing address for future correspondence is: 1227 Filer Ave. East Twin Fall ID 83301
6. The above-named partnership elects to be a limited liability partnership.
7. Future effective date (optional): _____

8. Signature of at least 2 partners:

1) Sandra Z. Egan
Typed Name Sandra Z. Egan

2) Michael Park
Typed Name Michael Park

3) Michael Goodson
Typed Name Michael Goodson

c:\compliance\qualif.pdb Revised 01/2001

Secretary of State use only

IDAHO SECRETARY OF STATE
08/28/2006 05:00
CK: 1160 CT: 203016 BH: 972355
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Web Form

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