

FILED EFFECTIVE



**CERTIFICATE OF ORGANIZATION
PROFESSIONAL
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

08 SEP -5 AM 9:02

SECRETARY OF STATE
STATE OF IDAHO

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

ELKINS DENTISTRY PLLC

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

578 E. ANTON, MERIDIAN, IDAHO 83646

(Street Address)

(Mailing Address, if different than street address)

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

CLARK ELKINS

578 E. ANTON, MERIDIAN, IDAHO 83646

(Name)

(Street Address)

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

Name

Address

CLARK ELKINS

578 E. ANTON, MERIDIAN, IDAHO 83646

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

578 E. ANTON, MERIDIAN, IDAHO 83646

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: JEFFERY R. HURST

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/20/08

 IDAHO SECRETARY OF STATE
 09/05/2008 05:00
 CK: 351 CT: 229453 BH: 1134539
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