

## ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

63 DEC 27 FM 4: 15

SLOTT STATE

1.	The name of the professional limited liability company is:  Cornerstone Family and Cosmetic Dentistry, PLLC	
2.	The professional LLC is organized for the pract	tice in the profession of:
3.	The address of the initial registered office is: _	143 E. Lake Street, McCall, ID 83638
	and the name of the initial registered agent is: _	Shane L. Newton
4.	Management of the professional limited liability	company will be vested in:
	☐ Manager(s) ☑ Memb	per(s)
5.	If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one manager. If management is to be vested in members, list the name(s) and address(es) of at least one initial member.	
	Name	Address
	Shane L. Newton, D.M.D., P.A.	143 E. Lake Street, McCall, ID 83638
6.	Signature(s) of at least one person responsible f	or forming the limited liability company:
	Signature Signature	
	Typed Name James B. Alderman	_   <sup>d</sup> d d d d d d d d d d d d d d d d d d
	Capacity Attorney/Organizer	CX: 17469 CT: 151040 BH: 9288888 1 9 108.00 = 100.00 PROF LLC #
	Signature	- Light Secretary of State
	Typed Name	IDAHO SECRETARY OF STATE  12/28/2005 05:00  CX: 17469 CT: 151040 BH: 920808
	Capacity	1 9 198.00 = 190.00 PROF LLC #