



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

12 FEB 22 PH 3:49

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

BEAR LAKE DENTAL HOLDINGS, LLC

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

215 S 4TH ST, MONTPELIER, ID 83254

(Street Address)

PO BOX 326, MONTPELIER, ID 83254

(Mailing Address, if different than street address)

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

MONTY B. WESTON

(Name)

215 S 4TH ST, MONTPELIER, ID 83254

(Street Address)

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

Name

Address

MONTY B. WESTON

215 S 4TH ST, MONTPELIER, ID 83254

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

PO BOX 326, MONTPELIER, ID 83254

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature *Conrad Aiken*

Typed Name: Conrad Aiken, Authorized Person

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
02/22/2012 05:00
CK: 4460 CT: 169988 BH: 1311748
1 @ 100.00 = 100.00 ORGAN LLC # 2

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