



# CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 APR 21 AM 10:58

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Dental Care of Alpine, LLC

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

200 North Woodruff Avenue, Idaho Falls, Idaho, 83401

(Street Address)

(Mailing Address, if different than street address)

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

Bryce Burtenshaw

(Name)

200 North Woodruff Avenue, Idaho Falls, Idaho, 83401

(Street Address)

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

Name

Address

Bryce Burtenshaw

200 North Woodruff Avenue, Idaho Falls, Idaho, 83401

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

200 North Woodruff Avenue, Idaho Falls, Idaho, 83401

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

*Ryan B. Meikle*

Typed Name: Ryan B. Meikle

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

04/21/2015 05:00

CK:PREPAID CT:12945 BH:1471967

1@ 100.00 = 100.00 ORGAN LLC #2

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