

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

09 MAY -1 AM 8:09

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

RiverWest Dental PLLC

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

1655 Pancheri Drive Idaho Falls, ID 83402

(Street Address)

1055 Newgate Dr. Ammon, ID 83406

(Mailing Address, if different than street address)

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

Joshua Reid Bell

(Name)

1055 Newgate Dr. Ammon, ID 83406

(Street Address)

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

Name**Address**

Joshua Reid Bell

1055 Newgate Dr. Ammon, ID 83406

Justin Dennis Bell

577 Holladay Cir. Ammon, ID 83406

Wayne Bernell Murdock

3955 Georgia Ln. Ammon, ID 83406

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

1055 Newgate Dr. Ammon, ID 83406

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

Justin Dennis Bell

Signature

Typed Name

Joshua Reid Bell

Secretary of State use only

 9/corporate/LLC form/cert org, llc PMD
Revised 07/2008

IDHO SECRETARY OF STATE
05/01/2009 05:00
CK: 1146 CT: 220476 BH: 1168600
1 @ 100.00 = 100.00 PROF LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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