

## ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2004 OCT 20 MI 9: 03

STATE OF TUATIO

1.	The name of the professional limited liability company is:  The Family Dental Center, PLLC		
2.	The professional LLC is organized for the pra	actice in the profession of: Dentistry	
3.	The address of the initial registered office is:	1000 Riverwalk Dr., Ste. 175, Idaho Falls, ID 83402	
	and the name of the initial registered agent is:	Gregory J. Ehardt	
4.	Management of the professional limited liability company will be vested in:		
	☑ Manager(s)  ☐ Member(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	
	Paul Hansen	1363 Justa Circle, Blackfoot, ID 83221	
6. Signature(s) of at least one person responsible for forming the limited liability company:			
	Signature	99	
	Typed Name Paul Hansen	d	
(	Capacity Manager	axoz axoz	
;	Signature	The proof of the	
-	Typed Name	19/29/2994 95:99 CK: 2484 CT: 167838 BH: 772885	
(	Capacity	1 9 198.88 = 198.80 PROF LLC N a	