



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

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

William F Martsch DDS PLLC

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

135 Whitley Ave Fruitland, ID 83619

(Street Address)

(Mailing Address, if different than street address)

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

William F Martsch DDS

(Name)

930 Hughes Dr Payette, ID 83661

(Street Address)

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

Name

Address

William F Martsch

930 Hughes Dr Payette, ID 83661

Sue M Martsch

930 Hughes Dr Payette, ID 83661

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

930 Hughes Dr Payette, ID 83661

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 a manager, member or authorized person.

Signature 

Typed Name: William F Martsch, Member

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/04/2012 05:00
CK: 527 CT: 274935 DH: 1342376
1 @ 100.00 = 100.00 PROF LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W117853