



## **CERTIFICATE OF ORGANIZATION PROFESSIONAL** LIMITED LIABILITY COMPANY

10 MAY 26 PM 4: 54

SECRETARY OF STATE

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(instructions on	back of application) STATE OF IDAHO
The name of the professional I	imited liability company is:
S	amuel L. Belau, D.D.S., PLLC
The complete street and mailing	g addresses of the initial designated/principal office:
1077 North	Portchester Avenue, Meridian, ID, 83642
(Street Address)	
(Mailing Address, if different than street add	dress)
The name and complete street	address of the registered agent:
Samuel L. Belau	1077 North Portchester Avenue, Meridian, ID, 83642
(Name)	(Street Address)
liability company:	ast one member or manager of the professional limited  Address
Samuel L. Belau	1077 North Portchester Avenue, Meridian, ID, 83642
	spondence (annual report notices):
	espondence (annual report notices): Portchester Avenue, Meridian, ID, 83642
1077 North I	Portchester Avenue, Meridian, ID, 83642
Future effective date of filing (o	Portchester Avenue, Meridian, ID, 83642 ptional):
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Future effective date of filing (of The limited liability company is professions for which members a	Portchester Avenue, Meridian, ID, 83642 ptional):
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**ORIGINAL** 

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