



# CERTIFICATE OF ORGANIZATION FILED EFFECTIVE PROFESSIONAL LIMITED LIABILITY COMPANY

2013 JUL 26 AM 11:52

SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

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

JUSTIN D. WARD, D.M.D., M.S.D., PLLC

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

2271 OVERLAND AVENUE, SUITE 4, BURLEY, ID 83318

(Street Address)

(Mailing Address, if different than street address)

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

JUSTIN D. WARD, D.M.D., M.S.D.

(Name)

213 E. 222 S. BURLEY, ID 83318

(Street Address)

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

JUSTIN D. WARD, D.M.D., M.S.D.

Name

213 E. 222 S. BURLEY, ID 83318

Address

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

213 E. 222 S. BURLEY, ID 83318

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: JUSTIN D. WARD, D.M.D., M.S.D.

Signature

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
07/26/2013 05:00  
CK: 1241 CT: 205745 BH: 1303712  
1 @ 100.00 = 100.00 PROF LLC # 2

W127638