



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

09 MAY 15 AM 8:37

SECRETARY OF STATE
STATE OF IDAHO

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

Brian Bird, DMD, PLLC

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

4916 N Wild Goose Way Meridian, ID 83646

(Street Address)

(Mailing Address, if different than street address)

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

Brian Bird

(Name)

4916 N. Wild Goose Way, Meridian, ID 83646

(Street Address)

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

Name

Address

Brian Bird

4916 N. Wild Goose Way Meridian, ID 83646

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

4916 N Wild Goose Way Meridian, ID 83646

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 Brian R Bird

Typed Name: Brian Bird

Signature _____

Typed Name: _____

Secretary of State use only

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IDAHO SECRETARY OF STATE CL
05/15/2009 05:00
CX: 1588 CT: 237125 IN: 1178595
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WP 3983