

FILED EFFECTIVE

252



**CERTIFICATE OF ORGANIZATION
PROFESSIONAL
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2016 JAN 29 AM 11:58

SECRETARY OF STATE
STATE OF IDAHO

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

Call Family Dentistry, PLLC

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

1352 E Center, Suite B, Pocatello, ID 83201

(Street Address)

(Mailing Address, if different than street address)

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

Thomas F. Call, D.D.S.

(Name)

1352 E Center, Suite B, Pocatello, ID 83201

(Street Address)

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

Name

Thomas F. Call, D.D.S.

Address

1352 E Center, Suite B, Pocatello, ID 83201

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

1352 E Center, Suite B, Pocatello, ID 83201

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: Thomas F. Call, D.D.S.

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

01/29/2016 05:00

CR: PREPAID CT:2982 BH:1511143
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