Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

STATEMENT OF PARTNERSHIP AUTHORITY

Please Type or Print Clearly in Ink

Please submit one Original and one Photocopy

FILING FEE: $125 payable to SECRETARY OF STATE

RECEIVED
NOV 24 2014
S.D. SEC. OF STATE

Telephone # _____
FAX # _____

Filed this 24th day of Nov, 2014
Jason Gant
SECRETARY OF STATE

The undersigned hereby files under SDCL 48-7A-303 as a partnership.

1. The name of the partnership is Dakota Dental

2. The address of its chief executive office is

208 W. 37th Street	Sioux Falls	SD	57105
Street Address	City	State	ZIP+4
208 W. 37th Street	Sioux Falls	SD	57105
Mailing Address (Optional)	City	State	ZIP+4

3. The address of one office in South Dakota if there is one

208 W. 37th Street	Sioux Falls	SD	57105
Street Address	City	State	ZIP+4
208 W. 37th Street	Sioux Falls	SD	57105
Mailing Address (Optional)	City	State	ZIP+4

4. The names and mailing addresses of all of the partners (list of names may be attached)

Tim Kappenman, D.D.S., P.C.	208 W. 37th Street	Sioux Falls	SD	57105
Partner Name	Mailing Address	City	State	ZIP+4
Jaclyn M. Schuler, D.D.S., P.C.	208 W. 37th Street	Sioux Falls	SD	57105
Partner Name	Mailing Address	City	State	ZIP+4
Partner Name	Mailing Address	City	State	ZIP+4
Partner Name	Mailing Address	City	State	ZIP+4

OR the name and street address of the agent appointed by the partnership to maintain a list of the names/addresses of all partners.

The South Dakota Registered Agent name Jaclyn M. Schuler, D.D.S., P.C.

208 W. 37th Street	Sioux Falls	SD	57105
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

When listing a Commercial Registered Agent, please state their CRA #. This number can be obtained from the Commercial Registered Agent.	

5. The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership:

Tim Kappenman, D.D.S., P.C.	Jaclyn M. Schuler, D.D.S., P.C.	

6. The partnership may state the authority, or limitations on the authority, of some or all of the partners to enter into other transactions on behalf of the partnership and any other matters.

I declare under penalty of perjury that the contents of the above statement are accurate. A statement filed by a partnership must be executed by at least two partners.

Dated 11-9-14

(Signature of a Partner)

Tim Kappenman, D.D.S., President of Corporate Partner
(Printed Name)

Dated 11/9/14

Jaclyn M. Schuler DDS
(Signature of a Partner)

Jaclyn M. Schuler, D.D.S., President of Corporate Partner
(Printed Name)

By signing this form, you agree to have both the fee and the form processed electronically. A fee of up to $40 will be assessed for returned payments.

Unless earlier canceled, a filed Statement of Partnership Authority is canceled by operation of law five years after the date on which the statement, or the most recent amendment, was filed with the Secretary of State.

Secretary of State

Jason M. Gant

State Capitol | 500 E. Capitol Ave. | Pierre, South Dakota 57501 | sdsos@state.sd.us | sdsos.gov

Return To: MCGILL AND HASSAN PA BLAKE W HASSAN
8816 RED OAK BLVD SGTE 220
CHARLOTTE, NC 28217

From: Secretary of State Jason M. Gant
Corporations Division

Filing Date: 11/24/2014

Re: Dakota Dental (GP000081)
Statement of Authority

The documents on behalf of Dakota Dental have been received and filed. Attached is the Certificate along with a receipt for the filing fee of $125.00. Below is a summary of the transaction.

Remitter	Address	Amount Paid
JACLYN M SCHULER	48015 273RD STREET HARRISBURG, SD 57032	$125.00
	Total:	$125.00

Description	Invoice Date	Qty	Receipt #	Subtotal
Statement of Authority	12/03/2014	1	250806	$125.00
			Total:	**$125.00**