252		FILED/EFF	ECTIVE
ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED			
	LIABILITY COMPAN	02 JA	N-7 AMII:03
	(Instructions on back of applicatio	n) ocorr ST	ATE OF IDAHO
1.	The name of the professional limited liability comp Chiropractic, PLLC	any is: <u>Back In</u>	Motion
2.	The professional LLC is organized for the practic	in the profession c	of: <u>Chiropractic</u>
3.	3. The address of the initial registered office is: 710 ½ W. Franklin		
Boise, ID 8370 and the name of the initial registered agent is: Rebecca A. HopKi'ns			
4. Management of the professional limited liability company will be vested in:			
☐ Manager(s)			
 If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one manager. If management is to be vested in members, list the name(s) and address(es) of at least one initial member. 			
	Name	Address	
			Boise, ID 83702
			Boise, ID 83702
			<u>Boise, ID 83702</u>
			Boise, ID 83702
	Signature(s) of at least one person responsible for	10½ W, Franklin	
;	Signature (s) of at least one person responsible for	IO ½ W, Franklin	
-	Signature(s) of at least one person responsible for	IO ½ W, Franklin	
-	Signature(s) of at least one person responsible for Signature <u>A. Hopkins</u> <u>DC</u> Typed Name <u>Rebecca A. Hopkins</u> <u>DC</u>	IO ½ W, Franklin	iability company:
(Signature(s) of at least one person responsible for Signature <u>Rehecca A: Alapkins</u> , <u>DC</u> Typed Name <u>Rehecca A: Hopkins</u> , <u>DC</u> Capacity <u>Member</u> , <u>Doctor of chiropractic</u>	10 لي W, Frank Ii'n orming the limited ا المحلية المحلية المحلية محلية المحلية المحلي محلية المحلية المحلية محلية المحلية المحلية محلية المحلية المحلية المحلية المحلية المحلية الم	iability company: