



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

11 FEB 14 AM 8:21

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

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

Jaureguito Sports and Family Chiropractic, PLLC

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

1352 Troy Road, Moscow, Idaho 83843

(Street Address)

(Mailing Address, if different than street address)

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

Jacob E. Reisenauer

(Name)

326 East Sixth Street, Moscow, Idaho 83843

(Street Address)

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

Name

Address

Joel T. Jaureguito

1352 Troy Road, Moscow, Idaho 83843

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

1352 Troy Road, Moscow, Idaho 83843

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: Chiropractor

Signature of a manager, member or authorized person.

Signature *Joel T. Jaureguito*

Typed Name: Joel T. Jaureguito

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
02/14/2011 05:00
CK: 597 CT: 48338 BH: 1259858
1 @ 100.00 = 100.00 PROF LLC # 2

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