

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

08 SEP 25 AM 8:42

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Steven E. Davis, D.C., PLLC

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

333 8th Ave. E. Twin Falls, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

Steven E. Davis, D.C.

(Name)

333 8th Ave. E. Twin Falls, ID 83301

(Street Address)

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

NameAddress

Steven E. Davis, D.C.

2002 N. Kennedy, Jerome, ID 83338

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

333 8th Ave. E. Twin Falls, ID 83301

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: _____ Chiropractic

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

Typed Name:

Steven E. Davis, D.C.

Signature

Typed Name:

Secretary of State use only

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 Revised 07/2006

IDAHO SECRETARY OF STATE
 09/25/2008 05:00
 CK: 747 CT: 238031 BH: 1137452
 1 @ 100.00 = 100.00 PROF LLC # 2
 1 @ 20.00 = 20.00 EXPEDITE C # 3

W7 7909