



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2012 OCT -4 AM 9:12

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Van Sickle Chiropractic LLC

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

1100 North Cole Road

(Street Address)

Boise, ID 83704

(Mailing Address, if different than street address)

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

Jason Van Sickle

(Name)

1100 North Cole Road, Boise, ID 83704

(Street Address)

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

NameAddress

Jason Van Sickle

1100 North Cole Road, Boise, ID 83704

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

1100 North Cole Road, Boise, ID 83704

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Jason Van Sickle

Signature

Typed Name:

Secretary of State use only

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10/04/2012 05:00  
CK: 1889 CT: 274945 BH: 1342427  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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