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CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

2012 AUG 17 PM 1:35 [Click here to clear form.](#)

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Wright Chiropractic PLLC

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

1104 W. Ironwood Dr., Coeur D'Alene, ID 83814

(Street Address)

212 W. Ironwood Dr., Ste D #116, Coeur D'Alene, ID 83814

(Mailing Address, if different than street address)

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

Loren D Wright

(Name)

1104 W. Ironwood Dr., Coeur D'Alene, ID 83814

(Street Address)

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

<u>Name</u>	<u>Address</u>
Loren D Wright	212 W. Ironwood Dr., Ste D #116, Coeur D'Alene, ID 83814
_____	_____
_____	_____
_____	_____

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

212 W. Ironwood Dr., Ste D #116, Coeur D'Alene, ID 83814

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 a manager, member or authorized person.

Signature *Loren D Wright*

Typed Name: Loren D Wright

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
08/17/2012 05:00
CK: 1102777 CT: 172099 BH: 1336416
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