



**CERTIFICATE OF ORGANIZATION
PROFESSIONAL
LIMITED LIABILITY COMPANY**

FILED EFFECTIVE
2014 MAY 12 AM 9:41

**SECRETARY OF STATE
STATE OF IDAHO**

(Instructions on back of application)

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

Art of Motion Chiropractic and Sports Medicine PLLC

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

13368 North Moonglow Lane

(Street Address)

Pocatello, Idaho 83202

(Mailing Address, if different than street address)

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

Shaloam Ofisa

(Name)

13368 North Moonglow Lane

(Street Address)

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

Name

Shaloam Ofisa

Address

13368 North Moonglow Lane, Pocatello, Idaho 83202

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

13368 North Moonglow Lane, Pocatello, Idaho 83202

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 _____

Typed Name: Shaloam Ofisa

Signature _____

Typed Name: _____

Secretary of State use only
IDAHO SECRETARY OF STATE

05/12/2014 05:00

CK: NO CK# CT:296792 BH:1424439
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