



# **CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY**

**FILED EFFECTIVE**  
2014 MAY 12 AM 9:41

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

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

Address

Shaloam Ofisa

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  
IC 100.00 = 100.00 PROF LLC #2

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