



# CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

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

BOWMAN CHIROPRACTIC, PLLC

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

300 W. 2ND S. SODA SPRINGS, IDAHO 83276

(Street Address)

(Mailing Address, if different than street address)

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

ERIC BOWMAN

(Name)

300 W. 2ND S. SODA SPRINGS, IDAHO 83276

(Street Address)

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

Name

Address

ERIC BOWMAN

300 W. 2ND S. SODA SPRINGS, IDAHO 83276

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

300 W. 2ND S. SODA SPRINGS, IDAHO 83276

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

*Eric Bowman*

Typed Name: ERIC BOWMAN

Signature

Typed Name: \_\_\_\_\_

Secretary of State use only

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02/14/2013 05:00  
CK: 68441 CT: 1188 BH: 1368255  
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