



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2017 NOV 13 AM 9:44

**SECRETARY OF STATE
STATE OF IDAHO**

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

Dr. Cody L Smith DC PLLC

2. The complete street and mailing addresses of the principal office is:

4224 Brookie Dr, Post Falls, ID 83854

(City, State and Zip)

(Mailing Address, if different)

3. Name and street address of registered agent in Idaho:

Cody Smith

4224 Brookie Dr, Post Falls, ID 83854

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

Cody Smith

4224 Brookie Dr, Post Falls, ID 83854

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

c/o R Scot Haug CPA PLLC, PO Box 1373, Post Falls, ID 83877

(Mailing Address)

6. 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

7. Signature of a manager, member, or an organizer.

Printed Name: Cody Smith

Signature: 

Printed Name: _____

Signature: _____

Rev. 08/2015

Secretary of State use only

IDAHO SECRETARY OF STATE

11/14/2017 05:00

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