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	CERTIFICATE OF PROFESS	SIONAL	2014 DEC 30 AM 8: 33
1.	(Instructions on back of application) The name of the professional limited liability company is: Total Weight Loss Solutions, PLLC		
2.	The complete street and mailing addresses of the initial designated office: 3773 N Eagle Rd, Boise, ID 83713 (Street Address) (Mailing Address, if different than street address)		
3.	Allied Wellness, PLLC 3773 N Eagle Rd, Boise, ID 83713 (Name) (Street Address)		
4.	The name and address of at least liability company: <u>Name</u> Todd Woodward, DC Cathy Woodward	1411 W Lore	or manager of the professional limited Address tta St, Meridian, ID 83646 tta St, Meridian, ID 83646
5.	 Mailing address for future correspondence (annual report notices): 3773 N Eagle Rd, Boise, ID 83713 		
7.	professions for which members are professional services is: Chiropractic	professional co duly licensed o c, Nutrition and D	mpany, and the principal profession or or otherwise legally authorized to render iet counseling and weight loss
per Sig Typ Sig	nature of a manager, member o son. hature <u>det Monturau (</u> ed Name: <u>Todd Woodward, DC</u> hature <u>athy Woodward</u> ed Name: <u>Cathy Woodward</u>		Secretary of State use only IDAHO SECRETARY OF STATE 12/30/2014 05:00 CK:5072 CT:304595 BH:1454810 16 100.00 = 100.00 PROF LLC #2 W145863

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