



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 JAN 27 AM 8:54

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Form Elucidated LLC

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

275 S 5th Ave., Suite 130

(Street Address)

Pocatello, ID 83201

(Mailing Address, if different than street address)

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

Amanda McNabb, DC

(Name)

12973 N Philbin Rd., Pocatello, ID 83202

(Street Address)

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

Name

Address

Amanda McNabb, DC

12973 N Philbin Rd., Pocatello, ID 83202

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

275 S 5th Ave., Suite 130, Pocatello, ID 83201

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Amanda McNabb

Typed Name: Amanda McNabb, DC

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
01/27/2011 05:00
CK: 1034 CT: 254000 BH: 1257216
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