FILED EFFECTIVE

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CERTIFICATE OF ORGANIZATION PROFESSIONS

2012 MAR 27 FH 2: 10

	PROFESSION		SECRETARY OF STATE STATE OF IDAHO
49 F 01	LIMITED LIABILITY C	ONPANY	STATE OF HAND
	(Instructions on back of ap	,	
1. The	name of the professional limited liabi	****	
**********	ProActive Chiropractic PLLC		
2. The	he complete street and mailing addresses of the initial designated/principal office: 14 S. Baltic PL, Meridian, ID 83642		
(\$1	eel Address)		
·(M	niling Address: if different than street address)		The state of the s
3. The	The name and complete street address of the registered agent		
	Paul Stadler	14 S. Baltic Pl., M	eridian, ID 83642
(N.	nme). (Sin	eel Address)	
liabi	ity company: Name Paul Stadler	Add 14 S. Baltic Pl., Me	ress eridian, ID 83642
5. Mail	ing address for future correspondence c/o: 14 S. Baltic Pl., M	•	
<u> </u>	CO. 14 S. Danie Ci., IV	lengtan, ID 00042	
6. Futu	re effective date of filing (optional):	and the second s	
profe	limited liability company is a professions for which members are duly lice		
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Signature		<u>:</u>	
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