

## LIMITED LIABILITY COMPANTILES EFFECTIVE ARTICLES OF ORGANIZATION

-4-7-2	LIMIT LD LIMBIL	TITCOMPAIN	0: ?
	(Instructions on ba	ack of application)	2005 OCT -6 M 9: 2
. The na	ame of the limited liability co	empany is:	
	Brewer Family Chiro	practic <u>LLC</u>	
. The st	reet address of the initial re		
<del></del>	5975 Overland Road,	Boise, ID 83709	
and the	e name of the initial register	ed agent at the above a	address is:
	Dr. Doug	glas W. Brewer	
3. The ma	ailing address for future corr	espondence is:	
	5975 Overland Road,	Boise, ID 83704	
. Manag	gement of the limited liability	company will be vested	d in:
	ger(s) XX or Member(s)	(please check the appr	
	, o. (o) o. m.obor(o)	(hisase check the appr	opriate box)
. If mana	management is to be vested in one or more manager(s), list the name(s) and		
addres	ss(es) of at least one initial m	nanager. If managemei	nt is to be vested in the
membe	er(s), list the name(s) and a	ddress(es) of at least or	ne initial member.
	Name		Address
Dr	. Douglas W. Brewer	5975 Overland	Road, Boise, ID 83709
Mic	chelle M. Brewer	1103 Imperial	Lane, Boise, ID 83704
*****			
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0:- 1			
	ure of at least one person re	sponsible for forming th	ne limited liability company:
Signatur Typed N	D D 1	Brewer &	Secretary of State use only
Capacity	iaine	mization	
2 - F - 2 - 5	1.1 2.121	Brewer O7/2002  Bevised 07/2002	
Signatur		forms/a	
Typed N	ame: Michelle M. Br	ewert Croms	IDAHO SECRETARY OF STATE
Capacity	y:Owner	rpyto R	10/06/2005 05:

10/06/2005 05:00 CK: 1070 CT: 192997 RH: 915474 1 0 100.00 = 100.00 ORGAN LLC # 2 1 0 20.00 = 20.00 EXPEDITE C # 3