



**ARTICLES OF ORGANIZATION  
PROFESSIONAL LIMITED  
LIABILITY COMPANY**

(Instructions on back of application)

2007 APR 25 PM 3:49

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the professional limited liability company is: STATE OF IDAHO  
Mayes Specific Chiropractic P.L.L.C.
2. The professional LLC is organized for the practice in the profession of: Chiropractic
3. The address of the initial registered office is: 5975 Overland Rd., Boise, ID  
83709 and the name of the initial registered agent is: Luke C. Mayes D.C.
4. Management of the professional limited liability company will be vested in:  

☒ Manager(s)      ☐ Member(s)
5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one manager. If management is to be vested in members, list the name(s) and address(es) of at least one initial member.

Name

**Address**

Luke C. Mayes D.C.

9067 Oakmont Ct. Boise, ID

83704

6. Signature(s) of at least one person responsible for forming the limited liability company:

**Signature,**

Typed Name Luke C. Mayes D.C.

Capacity \_\_\_\_\_ Manager \_\_\_\_\_

**Signature**

### Typed Name

## Capacity

Revised 01/2001  
:corp\forms\starts of organization\_pll.c.p65

IDAHO SECRETARY OF STATE  
04/26/2002 05:00  
CK: 1 CT: 159904 BH: 461840  
1 @ 100.00 = 100.00 PROF LLC # 2

W 19040