



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2012 JUN -4 AM 9:52
 SECRETARY OF STATE
 STATE OF IDAHO

1. The name of the professional limited liability company is:

Woodward Chiropractic, PLLC

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

3773 North Eagle Road, Boise, ID 83713

(Street Address)

7206 S Angel Way, Meridian, ID 83642

(Mailing Address, if different than street address)

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

Todd Woodward, DC

(Name)

7206 S Angel Way, Meridian, ID 83642

(Street Address)

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

Name

Address

Todd Woodward, DC

7206 S Angel Way, Meridian, ID 83642

Cathy Woodward

7206 S Angel Way, Meridian, ID 83642

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

3773 North Eagle Road, Boise, ID 83713

6. Future effective date of filing (optional): _____

7. The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is: Chiropractic services and associated therapies

Signature of a manager, member or authorized person.

Signature

Todd Woodward, DC

Typed Name:

Todd Woodward, DC

Signature

Cathy Woodward

Typed Name:

Cathy Woodward

Secretary of State use only

IDAHO SECRETARY OF STATE
 06/04/2012 05:00
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