



ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
2005 SEP 22 AM 9:02
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the professional limited liability company is: Back Country Chiropractic, PLLC

2. The professional LLC is organized for the practice in the profession of: Chiropractic

3. The address of the initial registered office is: 104 North Bridge, Suite 104, St. Anthony, ID 83445
and the name of the initial registered agent is: Paul Clement Hill

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
<u>Paul Clement Hill</u>	<u>104 N. Bridge, Ste. 104, St. Anthony, ID 83445</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

Signature
Typed Name Paul Clement Hill
Capacity Member

Signature _____
Typed Name _____
Capacity _____

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Revised 08/2002

IDAHO SECRETARY OF STATE
09/22/2005 05:00
CK: 4286 CT: 29481 BH: 912999
1 @ 100.00 = 100.00 PROF LLC # 2

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