



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

2009 DEC 10 PM 2: 05

 SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Health Restoration Clinics, PLLC

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

15058 Greenwing St

(Street Address)

Caldwell, Id 83607

(Mailing Address, if different than street address)

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

Ralph Miller

(Name)

15058 Greenwing St, Caldwell, Id, 83607

(Street Address)

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

Name**Address**

Ralph Miller

15058 Greenwing St, Caldwell, Id 83607

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

Health Restoration Clinics, PLLC, 15058 Greenwing St Caldwell, Id 83607

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

Signature of an organizer(s). (An organizer is a member or is acting in behalf of a required, and existing, initial member or members).

Signature

Typed Name:

Ralph Miller, DC

Signature

Typed Name:

Secretary of State use only

 IDAHO SECRETARY OF STATE
 12/10/2009 05:00
 CK: 357239 CT: 172099 BH: 1190697
 1 @ 100.00 = 100.00 PROF LLC # 2

W88906