



**CERTIFICATE OF ORGANIZATION
PROFESSIONAL
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

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

Complete Chiropractic, PLLC

2013 APR 10 AM 9:26

SECRETARY OF STATE
STATE OF IDAHO

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

1635 Overland Ave, Burley, ID 83318

(Street Address)

(Mailing Address, if different than street address)

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

Ronald Christensen

(Name)

1419 Oriental Ave, Burley, ID 83318

(Street Address)

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

Name

Address

Melanie Christensen

1419 Oriental Ave, Burley, ID 83318

Ronald Christensen

1419 Oriental Ave, Burley, ID 83318

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

1635 Overland Ave, Burley, ID 83318

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 a manager, member or authorized person.

Signature

Ronald Christensen

Secretary of State use only

Typed Name:

Ronald Christensen

Signature

Melanie Christensen

Typed Name:

Melanie Christensen

IDAHO SECRETARY OF STATE
04/10/2013 05:00
CK: 1704 CT: 201746 BH: 1368871
1 @ 100.00 = 100.00 PROF LLC # 2

W124123