



# ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**  
2005 MAY -4 AM 8:52

STATE OF IDAHO

1. The name of the limited liability company is:

Chiropractic Healing Arts Center, LLC

2. The street address of the initial registered office is:

554 E. 3rd Street Idaho Falls, ID 83401

and the name of the initial registered agent at the above address is:

Angela K. Goodwin

3. The mailing address for future correspondence is:

554 E. 3rd Street Idaho Falls, ID 83401

4. Management of the limited liability company will be vested in:

Manager(s) ☐ or Member(s) ☒ (please check the appropriate box)

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

Name	Address
<u>Angela K. Goodwin</u>	<u>554 E. 3rd Street Idaho Falls, ID 83401</u>
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6. Signature of at least one person responsible for forming the limited liability company:

Signature: Angela K. Goodwin

Typed Name: Angela K. Goodwin

Capacity: Owner

Signature:  

Typed Name:  

Capacity:  

Secretary of State use only

g:\corpforms\LLC\forms\arts\organization.p65  
Revised 07/2002

Web Form

IDAHO SECRETARY OF STATE  
05/04/2005 05:00  
CK: 1143 CT: 188458 BH: 808373  
1 @ 100.00 = 100.00 ORGAN LLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3

W 39004