

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

10 JUL 20 AM 8:58

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Advanced Soft Tissue Recovery Center PLLC

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

4700 N. Cloverdale Rd. Suite #103

(Street Address)

(Mailing Address, if different than street address)

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

Blake Howard

(Name)

4700 N. Cloverdale Rd. Suite #103, Boise, ID 83713

(Street Address)

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

Name

Address

Blake Howard

3326 N Tweedbrook Pl, Boise, ID 83713

Ed Race

5074 W. Alderstone St., Meridian, ID 83646

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

4700 N. Cloverdale Rd. #103, 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

Signature of a manager, member or authorized person.

Signature

Typed Name: Blake Howard

Signature

Typed Name: Ed Race

Secretary of State use only

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07/20/2010 05:00
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