



## ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

SECRETARY OF STATE STATE OF IDAHO

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1.	The name of the professional limited liability company is:  BITTERROOT REGIONAL CHIROPRACTIC PLLC	
2.	The professional LLC is organized for the prac	tice in the profession of: CHIROPRACTIC
3.	The address of the initial registered office is:	387 TOWER CREEK RD, CARMEN, ID 83462
	and the name of the initial registered agent is:	HOLLY J FLOWERS
4.	Management of the professional limited liability company will be vested in:	
	☐ Manager(s) ☑ Mem	iber(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
	BRIAN A. BARRY	PO BOX 1451, CARMEN, ID 83462
6.	Signature(s) of at least one person responsible for forming the limited liability company:	
	Signature Signature RAPRY	990
	Typed Name BRIAN A. BARRY  Capacity MEMBER	organization_pllc.p65
	Capacity	09/2002
	Signature	10000 SECRETARY OF SIMIE 01/10/2008 05:200
	Typed Name	100.06 = 100.08 PROF LLC #
	Capacity	——   lab

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