



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

10 DEC -6 AM 9:27
SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Berning Chiropractic & Wellness Center, PLLC

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

7950 Horseshoe Bend Rd. Suite 102 Boise, ID 83714

(Street Address)

(Mailing Address, if different than street address)

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

Keith Berning, DC

(Name)

7950 Horseshoe Bend Rd. Suite 102 Boise, ID 83714

(Street Address)

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

Name	Address
Keith Berning, DC	7950 Horseshoe Bend Rd. Suite 102 Boise, ID 83714

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

7950 Horseshoe Bend Rd. Suite 102 Boise, ID 83714

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: Keith Berning, DC

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/06/2010 05:00
CK: 6271 CT: 253270 BH: 1249572
1 @ 100.00 = 100.00 PROF LLC # 2

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