



**ARTICLES OF ORGANIZATION FILED EFFECTIVE
PROFESSIONAL LIMITED
LIABILITY COMPANY**

(Instructions on back of application)

01 JAN 13 PM 2:09

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the professional limited liability company is:
A+ CHIROPRACTIC, PLLC
2. The professional LLC is organized for the practice in the profession of: CHIROPRACTICS
3. The address of the initial registered office is: 1505 S FIVE MILE ROAD BOISE, ID 83709
and the name of the initial registered agent is: CARL ANDERSON
4. Management of the professional limited liability company will be vested in:
 Manager(s) Member(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

CARL ANDERSON

1505 S FIVE MILE ROAD BOISE, ID 83709

6. Signature(s) of ~~at least~~ one person responsible for forming the limited liability company:

Signature

Typed Name CARL ANDERSON

Capacity MEMBER

Signature

Typed Name: _____

Capacity _____

IDaho SECRETARY OF STATE
01/13/2004 05:00
CK: 1937 CT: 175695 BH: 721521
1 @ 100.00 = 100.00 PROF LLC # 2

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