



ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

01 JAN 13 PM 2:09

SECRETARY OF STATE
STATE OF IDAHO

- The name of the professional limited liability company is:
A+ CHIROPRACTIC, PLLC
- The professional LLC is organized for the practice in the profession of: CHIROPRACTICS
- 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
- Management of the professional limited liability company will be vested in:
☐ Manager(s) ☒ Member(s)
- 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
_____	_____
_____	_____
_____	_____
_____	_____

- 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 _____

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Revised 09/2002

IDAHO SECRETARY OF STATE
 01/13/2004 05:00
 CK: 1937 CT: 175695 BH: 721521
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