



# **CERTIFICATE OF ORGANIZATION** **PROFESSIONAL** **LIMITED LIABILITY COMPANY**

2015 FEB 13 AM 8:48

SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

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

Elevate Health Group PLLC

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

3192 S. Daybreak Ave.

(Street Address)

Meridian, ID 83642

(Mailing Address, if different than street address)

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

Cory Sartin

(Name)

3192 S. Daybreak Ave. Meridian, ID 83642

(Street Address)

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

**Name****Address**

Cory Sartin

3192 S. Daybreak Ave. Meridian, ID 83642

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

Mail to registered agent

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: Roger D. Sperlbaum

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

02/13/2015 05:00

CK:1062 CT:306392 BH:1461675  
10 100.00 = 100.00 PROF LLC #2

W47829