



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2004 MAY 14 PM 2:11

STATE OF IDAHO

1. The name of the limited liability company is:

NIELSON FAMILY CHIROPRACTIC, L.L.C.

2. The street address of the initial registered office is:

1153 Imperial Street, Twin Falls, ID 83301

and the name of the initial registered agent at the above address is:

Chad Jay Nielson

3. The mailing address for future correspondence is:

1153 Imperial Street, Twin Falls, ID 83301

4. Management of the limited liability company will be vested in:

Manager(s) ☐ or Member(s) ☒ (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name	Address
<u>Chad Jay Nielson</u>	<u>1153 Imperial Street, Twin Falls, ID 83301</u>
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6. Signature of at least one person responsible for forming the limited liability company:

Signature: *Chad Jay Nielson*
 Typed Name: Chad Jay Nielson
 Capacity: Member

Signature: _____
 Typed Name: _____
 Capacity: _____

Secretary of State use only

g:\corpforms\LLC forms\articles of organization.pdf
 Revised 07/2002

IDAHO SECRETARY OF STATE
 05/14/2004 05:00
 CK: 4432 CT: 48107 DN: 745154
 1 @ 100.00 = 100.00 ORGAN LLC # 2

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