



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 MAR 28 AM 8:37

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Thomas Chiropractic LLC

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

850 W. Ironwood Dr. Ste 302 Coeur d'Alene, ID 83814
(Street Address)

(Mailing Address, if different than street address)

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

Burt Thomas
(Name)

850 W. Ironwood Dr. Ste 302 Coeur d'Alene, ID 83814
(Street Address)

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

Burt Thomas
Name

850 W. Ironwood Dr. Ste 302 Coeur d'Alene, ID 83814
Address

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

850 W. Ironwood Dr. Ste 302 Coeur d'Alene, ID 83814

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: _____

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/28/2011 05:00
CX: 416209132 CT: 257062 BH: 1266334
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