

FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

09 MAY -6 AM 8:26

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Boise Integrated Chiropractic PLLC

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

1390 S. Maple Grove Rd. Suite 200 Boise, ID 83709

(Street Address)

4902 Sunderland Dr. Boise, ID 83704

(Mailing Address, if different than street address)

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

Noah Edvalson

4902 Sunderland Dr. Boise, ID 83704

(Name)

(Street Address)

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

Name

Address

Noah Edvalson

4902 Sunderland Dr. Boise, ID 83704

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

4902 Sunderland Dr. Boise, ID 83704

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 an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Secretary of State use only

Signature

Typed Name: _____

Noah Edvalson

Signature _____

Typed Name: _____

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Revised 07/2008

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05/06/2009 05:00
CK: 1391 CT: 236234 BH: 1169252
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