



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

06 APR 10 AM 10:14

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Mofid Clinic of Chiropractic LLC

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

880 North Curtis Boise, Idaho 83706

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

Dr. Afshin Mofid

3. The mailing address for future correspondence is:

Mofid Clinic of Chiropractic, 880 North Curtis Boise, Idaho 83706

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>Dr. Afshin Mofid</u>	<u>324 W. Greensboro Ct. Boise, Idaho 83706</u>
_____	_____
_____	_____
_____	_____
_____	_____

6. Signature of at least one person responsible for forming the limited liability company:

Signature: *Afshin Mofid*

Typed Name: Dr. Afshin Mofid

Capacity: Manager

Signature _____

Typed Name: _____

Capacity: _____

Secretary of State use only

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Web Form

IDAHO SECRETARY OF STATE
04/10/2006 05:00
CK: 1009 CT: 199019 BH: 948156
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