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**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

- The name of the limited liability company is:
Natural Health Chiropractic LLC
- The complete street and mailing addresses of the initial designated/principal office:
701 West Mullan Ave Ste C Post Falls, Idaho 83854
(Street Address)
104 E 13th Ave Post Falls, Idaho 83854
(Mailing Address, if different than street address)
- The name and complete street address of the registered agent:
Tamara Barnhart 104 E 13th Ave Post Falls, Id 83854
(Name) (Street Address)
- The name and address of at least one member or manager of the limited liability company:

<u>Name</u>	<u>Address</u>
<u>Tamara Barnhart</u>	<u>104 E 13th Ave Post Falls, Id 83854</u>
_____	_____
_____	_____
_____	_____
_____	_____
- Mailing address for future correspondence (annual report notices):
104 E 13th Ave Post Falls, Id 83854
- Future effective date of filing (optional): Immediately

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Tamara Barnhart
Typed Name: Tamara Barnhart

Signature _____
Typed Name: _____

Secretary of State use only

6-CorpFormLLC Amendment, Corp. Sec. PMG
Revised 07/2008

IDAHO SECRETARY OF STATE
01/16/2009 05:00
CK: 669 CT: 233177 NH: 1152668
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W80637