



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

10 AUG -6 AM 8:37

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

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

ROBERTS CHIROPRACTIC, PLLC

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

189 S 3926 W, REXBURG, ID 83440

(Street Address)

PO BOX 916, REXBURG, ID 83440

(Mailing Address, if different than street address)

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

ANDREW E. ROBERTS

(Name)

189 S 3926 W, REXBURG, ID 83440

(Street Address)

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

Name	Address
<u>ANDREW E. ROBERTS</u>	<u>189 S 3926 W, REXBURG, ID 83440</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

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

189 S 3926 W, REXBURG, ID 83440

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 a manager, member or authorized person.

Signature Andrew Roberts

Typed Name: ANDREW E. ROBERTS

Signature _____

Typed Name: _____

Secretary of State use only

W95418

IDAHO SECRETARY OF STATE
08/06/2010 05:00
CK: 1001 CT: 250235 BH: 1233797
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