

**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

2012 FEB 13 PM 2:10

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Evans Family Chiropractic, LLC

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

4727 North 15th East, Idaho Falls, Idaho 83401

(Street Address)

(Mailing Address, if different than street address)

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

Troy D. Evans

(Name)

49 Professional Plaza, Rexburg, Idaho 83440

(Street Address)

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

Name**Address**

Erik R. Evans

4727 North 15th East, Idaho Falls, Idaho 83401

Natalie K. Evans

4727 North 15th East, Idaho Falls, Idaho 83401

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

49 Professional Plaza, Rexburg, Idaho 83440

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

Signature of a manager, member or authorized person.

Signature William ForsbergTyped Name: William Forsberg, Organizer

Secretary of State use only

Signature _____

Typed Name: _____

IDaho SECRETARY OF STATE
02/14/2012 05:00
CK: NONE CT: 202411 BH: 1310619
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