

251

FILED EFFECTIVE

**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:

NameAddressErik R. Evans4727 North 15th East, Idaho Falls, Idaho 83401Natalie K. Evans4727 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

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
02/14/2012 05:00
CK: NONE CT: 202411 BH: 1310619
1 @ 100.00 = 100.00 ORGAN LLC # 2

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