



# CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

**FILED EFFECTIVE**

**2017 DEC 18 AM 10:26**

SECRETARY OF STATE  
STATE OF IDAHO

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

**Keller Spine and Sport, PLLC**

2. The complete street and mailing addresses of the principal office is:

**3510 12th Street, Suite 200      Lewiston, ID      83501**

(Street Address)

(Mailing Address, if different)

3. Name and street address of registered agent in Idaho:

**Justin Keller      18919 Double T Lane      Lenore, ID      83541**

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

**Justin Keller      18919 Double T Lane      Lenore, ID      83541**

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

**18919 Double T Lane      Lenore, ID      83541**

(Address)

6. 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**

Secretary of State use only

IDAHO SECRETARY OF STATE

**12/18/2017 05:00**

CK:1220 CT:349894 BH:1616932  
1@ 100.00 = 100.00 PROF LLC #2

**W 193658**

7. Signature of a manager, member, or an organizer.

Printed Name: **Justin Keller**

Signature:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_