



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED

10 MAY 18 AM 8:38

(Instructions on back of application)

1. The name of the professional limited liability company is: **SECRETARY OF STATE
STATE OF IDAHO**

YVONNE HONOVICH, PLLC

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

5906 S. Schooner Pl., Boise, ID 83716

(Street Address)

(Mailing Address, if different than street address)

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

Mike Lindstrom

(Name)

877 W. Main St., #805
Boise, ID 83702

(Street Address)

(208) 383-4739

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

Name

Address

Yvonne Honovich, DC 5906 S. Schooner Pl., Boise, ID 83716

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

5906 S. Schooner Pl., Boise, ID 83716

6. Future effective date of filing (optional): June 1, 2010

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 an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Signature Yvonne Honovich, DC

Typed Name: Yvonne Honovich, DC

Signature _____

Typed Name: _____

Secretary of State use only

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