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GARDNER CHIROPRACTIC

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SECRETARY OF STATE
STATE OF IDAHO

251



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00.

Complete and submit the application in duplicate.

1. The name of the limited liability company is:

A & M GARDNER, LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC.)

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

1900 E LOCUST ST

EMMETT

ID 83617

(Street Address)

(City)

(State)

(Zipcode)

(Mailing Address, if different)

(City)

(State)

(Zipcode)

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

AARON GARDNER

1900 E LOCUST ST

EMMETT

ID 83617

(Name)

(Address)

(City)

(State)

(Zipcode)

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

AARON GARDNER

1900 E LOCUST ST

EMMETT

ID 83617

(Name)

(Address)

(City)

(State)

(Zipcode)

MELISSA GARDNER

1900 E LOCUST ST

EMMETT

ID 83617

(Name)

(Address)

(City)

(State)

(Zipcode)

(Name)

(Address)

(City)

(State)

(Zipcode)

(Name)

(Address)

(City)

(State)

(Zipcode)

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

1900 E LOCUST ST

EMMETT

ID 83617

(Address)

(City)

(State)

(Zipcode)

Signature of organizer(s).

Printed Name: **AARON GARDNER**

Signature: _____

Printed Name: **MELISSA GARDNER**

Signature: _____

Rev. 07/2015

Secretary of State use only

IDAHO SECRETARY OF STATE

08/17/2015 05:00

CK:15496 CT:283405 BH:1488220
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