FILED/EFFECTIVE

252

ARTICLES OF ORGANIZATION
PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

STATE OF IDAHO

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

2. The professional limited liability company is organized for the practice of the profession(s) of: CHIROPRACTIC

3. The address of the initial registered office is 3210 E CHINDEN BLVD STE 106 (not a PO Box) EAGLE, ID 83616, and the name of the initial registered agent at that address is SCOTT FLETCHER

Signature of registered agent: [signature]

4. Is management of the limited liability company vested in a manager or managers?
☐ Yes ☒ No (check appropriate box)

5. If management is vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is vested in the members, list the name(s) and address(es) of at least one member.

Name:	Address:
Scott Fletcher, DC	5214 Joe Lane
	Nampa, ID 83687

6. Signature(s) of at least one person listed in #5 above: [signature]

SCOTT FLETCHER, D.C.

IDAHO SECRETARY OF STATE
Secretary of State use only
03/14/2000 09:00
CK: 2231 CT: 126205 BH: 298892
1 @ 100.00 = 100.00 PROF LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W11364