



# 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 OCT -6 AM 9:13

SECRETARY OF STATE  
STATE OF IDAHO

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

JEROME FAMILY CHIROPRACTIC LLC

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

1100 N. LINCOLN AVE, JEROME, ID 83338

(Street Address)

(Mailing Address, if different)

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

ALAN HANSON

182 FALLS AVE WEST #G208, TWIN FALLS, ID 83301

(Name)

(Address)

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

ALAN HANSON

182 FALLS AVE WEST #G208, TWIN FALLS, ID 83301

(Name)

(Address)

AMYLINN HANSON

182 FALLS AVE WEST #G208, TWINS FALLS, ID 83301

(Name)

(Address)

(Name)

(Address)

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

1100 N. LINCOLN AVE, JEROME, ID 83338

(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



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

Printed Name: Alan Hanson

Signature: Alan Hanson

Printed Name: AmyLynn Hanson

Signature: AmyLynn Hanson

Secretary of State use only

IDAHO SECRETARY OF STATE

10/06/2017 05:00

CK:102 CT:346672 BH:1606269

10 100.00 = 100.00 PROF LLC #2

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