





## STATE OF IDAHO Office of the secretary of state, Phil McGrane CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

## -FILED-

File #: 0006210071

04/16/2025

Date

Date Filed: 4/16/2025 3:45:18 PM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day descriptions below)	Service (see Standard (filing fee \$100)
1. Limited Liability Company Name	
Type of Limited Liability Company	Professional Limited Liability Company
Entity name	Wellness Chiropractic & Rehabilitation Clinic Of Boise PLLC
Profession	
The business is organized to practice the profe	ession of: Chiropractic
2. The complete street address of the principal office is:	
Principal Office Address	3405 E OVERLAND ROAD
	SUITE 110
	MERIDIAN, ID 83642
3. The mailing address of the principal office is:	
Mailing Address	3405 E OVERLAND RD STE 110
	MERIDIAN, ID 83642-5111
4. Registered Agent Name and Address	
Registered Agent	JOHNNY SLAVENS
	Registered Agent
	Physical Address
	3405 E OVERLAND RD STE 110
	MANAGER MEDIDIAN ID 83642
	MERIDIAN, ID 83642 Mailing Address
I office that the registered execut experients	•
	I has consented to serve as registered agent for this entity.
5. Governors	
Name	Address
Johnny Slavens	3405 E OVERLAND ROAD
I I	SUITE 110 MERIDIAN, ID 83642
	•

Johnny Slavens

Sign Here