





STATE OF IDAHO

Office of the secretary of state, Lawerence Denney 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 #: 0004180245

02/24/2021

Date

Date Filed: 2/24/2021 9:02:57 AM

ertificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Daddescriptions below)	y Service (see	Standard (filling fee \$100)	
Limited Liability Company Name			
Type of Limited Liability Company		Limited Liability Company	
Entity name		SEASONS CHIROPRACTIC, LLC	
The complete street address of the principal office is:			
Principal Office Address		630 SOUTH WOODRUFF AVENUE	
		SUITE F IDAHO FALLS, ID 83401	
The mailing address of the principal office is:			
Mailing Address		6243 S REDWOOD RD	
		STE 230	
		TAYLORSVILLE, UT 84123-6410	
Registered Agent Name and Address			
Registered Agent		Registered Agent Jacob Alan Wooten	
		Physical Address:	
		630 SOUTH WOODRUFF AVENUE	
		SUITE F	
		IDAHO FALLS, ID 83401	
		Mailing Address: 630 S WOODRUFF AVE	
		STE F	
		IDAHO FALLS, ID 83401-6472	
☑ I affirm that the registered agent appointed	d has consented t	serve as registered agent for this entity.	
Governors			
Name		Address	
JACOB ALAN WOOTEN	6243 S	OUTH REDWOOD ROAD	
	SUITE		
	TAYLO	TAYLORSVILLE, UT 84123	
ADAM CLEVERLEY	462 BIS	462 BISHOPS STREET	
	KAYSV	LLE, UT 84037	
ignature of Organizer:			

Adam Cleverley

Sign Here