



0005829409

**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 #: 0005829409

Date Filed: 7/25/2024 2:37:01 PM

Certificate of Organization Limited Liability Company

Select one: Standard, Expedited or Same Day Service (see descriptions below) Standard (filing fee \$100)

1. Limited Liability Company Name

Type of Limited Liability Company

Limited Liability Company

Entity name

EAGLE RELIEF CARE CHIROPRACTIC, LLC

2. The complete street address of the principal office is:

Principal Office Address

435 E. SHORE DRIVE
STE 130
EAGLE, ID 83616

3. The mailing address of the principal office is:

Mailing Address

435 E SHORE DR
STE 130
EAGLE, ID 83616-5754

4. Registered Agent Name and Address

Registered Agent

Registered Agent
DR. JACALYN AMRINE
Physical Address:
435 E. SHORE DRIVE
STE 130
EAGLE, ID 83616
Mailing Address:
435 E SHORE DR
STE 130
EAGLE, ID 83616-5754☒ I affirm that the registered agent appointed has consented to serve as registered agent for this entity.

5. Governors

Name	Address
DR. JACALYN AMRINE	435 E. SHORE DRIVE STE 130 EAGLE, ID 83616

Signature of Organizer:

DR. JACALYN AMRINE

Sign Here

07/25/2024

Date

B0929-3078 07/25/2024 2:38 PM Received by Office of the Idaho Secretary of State