







## 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 #: 0004524633

Date Filed: 12/10/2021 11:06:06 AM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (see descriptions below)		Standard (filing fee \$100)	
Limited Liability Company Name			
Type of Limited Liability Company		Professional Limited Liability Co	npany
Entity name		Restad Chiropractic, PLLC	
Profession			
The business is organized to practice the profession of:		Chiropractic	
2. The complete street address of the principal	I office is:		
Principal Office Address		1660 LOCH NESS AVE MIDLETON, ID 83644	
3. The mailing address of the principal office is	S:		
Mailing Address		1660 LOCH NESS AVE MIDDLETON, ID 83644-7109	
4. Registered Agent Name and Address			
Registered Agent		Registered Agent	
		Kyle Restad Physical Address:	
		1660 LOCH NESS AVE	
		MIDLETON, ID 83644	
		Mailing Address: 1660 LOCH NESS AVE	
		MIDDLETON, ID 83644-7109	
☑ I affirm that the registered age	nt appointed has consented t	o serve as registered agent for this e	ntity.
5. Governors			
Name		Address	
Julie Restad	1660 LOCH NESS MIDLETON, ID 83		
Signature of Organizer:			
7 " 5 5			12/10/2021
Julie Restad, DC			12/10/2021