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Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (s descriptions below)	ee Expedited (+\$40; filing fee \$140)
I. Limited Liability Company Name	
Type of Limited Liability Company	Professional Limited Liability Company
Entity name	ATC Chiro PLLC
Profession The business is organized to practice the profession of:	Chiropractic
2. The complete street address of the principal office is:	
Principal Office Address	528 N STATE ST SHELLEY, ID 83274
3. The mailing address of the principal office is:	
Mailing Address	528 N STATE ST SHELLEY, ID 83274-1154
. Registered Agent Name and Address	
Registered Agent	BRENNAN WILLIAMS Registered Agent
	Physical Address
	14384 S 1ST EAST IDAHO FALLS, ID 83404
	Mailing Address
I affirm that the registered agent appointed has conse	ented to serve as registered agent for this entity.
5. Governors Name	Address
Brennan Todd Williams	14384 S 1ST EAST IDAHO FALLS, ID 83404
Signature of Organizer:	
Brennan Todd Williams	11/19/2024
Sign Here	Date