

Printed Name: \_\_\_\_\_

Signature: \_\_\_

## CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed Complete and submit the application in <u>duplicate</u>.

## FILED EFFECTIVE

2016 HAR -8 AM 9: 29

SECRETARY OF STATE STATE OF IDAHO

W163493

			TAIL OF TUMOU
1.	The name of the professional limited liability company is:		
	Synergy Chiropractic PLLC		
		<del></del>	
2.	The complete street and mailing addresses of the principal office is:		
	5418 N. Eagle Rd. Ste. 120 Boise, ID 83713		
	g syng April 188		
	Marita Process o drift on		
3.	Name and street address of registered agent <u>in Idaho</u> :		
	Kory L. Kreusel DC	2716 W. Wave Ct.	Meridian, ID 83642
	varie.	2 0 A 1985	
4.	The name and address of at least one governor of the limited liability company:		
	Kory L. Kreusel DC 2716 W. Wave Ct. Meridian, ID 83642		
	kan s	4 37 333	······································
		+20 0 17 <b>0 €</b> 4	
	Name:	A server	
5.	Mailing address for future correspondence (annual report notices):		
	5418 N. Eagle Rd. Ste. 120 Boise, ID 83713		
	HQ (1964		
6.	The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is:		
	Chiropractic		
		,	Secretary of State use only
7.	Signature of a manager, member	er or an organizer	•
Kory L. Kreusel DC		si, or all organizor.	IDAKO SECRETARY OF STATE 03/08/2016 05:00
Printed Name:			CK:1042 CT:321499 BH:1517520
	VIV DA		10 100.00 = 100.00 PROF LLC #2
Sig	gnature: Tory & Treme! D		

Rev. 08/2015