

Signature:

Printed Name:

Signature: _

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

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

2017 DEC -4 AM 10: 18

SECRETARY OF STATE STATE OF IDAHO

		STATE OF IDAHO	
The name of the professional li	mited liability company is:		
Mini-Cassia Chiropractics	& Sports Medicine PLLC.		
The complete street and mailing	g addresses of the principal office	ie·	
1600 Overland Avenue, B	- , ,	10.	
(Street Address)	uney, 15. 000 10	 	
(Mailing Address, if different)			
Name and street address of req	gistered agent <u>in Idaho</u> :		
Jake W Sanford	2200 Macs Aver	2200 Macs Avenue, Heyburn, ID. 83336	
(Namé)	(Address)	····	
The name and address of at le	ast one governor of the limited liat	pility company:	
Erica Sanford	2200 Macs Avenue, Heyburn, ID. 83336		
(Name)	(Address)		
(Name)	(Address)		
(Name)	(Address)		
,	spondence (annual report notices	٠.	
2200 Macs Avenue, Heyb	•	<i>)</i> .	
(Address)	um, 10. 00000		
	a professional company, and the p lly authorized to render profession	principal profession or professions for which members are al services is:	
<u></u>	Chiropractic	<u> </u>	
		Secretary of State use only	
Signature of a manager, me	ember, or an organizer.	Georgia y di Ciate dae Only	
Jake W Sanford		IDAHO SECRETARY OF STATE	
inted Name:		12/04/2017 05:00 CK:1224 CT:349195 BH:1614573	

Rev. 08/2015

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10 100.00 = 100.00 PROF LLC #2