







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 #: 0005840411

Date Filed: 8/5/2024 9:43:58 AM

Certificate of Organization Limited Liability Compar Select one: Standard, Expedited or Sa descriptions below)	•	Same Day Service (+\$100; filing fee \$200)	
1. Limited Liability Company Name			
Type of Limited Liability Company		Limited Liability Company	
Entity name		Neighborhood Chiropractic LLC	
2. The complete street address of the principal office	e is:		
Principal Office Address		3670 S 25TH E SUITE 2	
		IDAHO FALLS, ID 83404	
3. The mailing address of the principal office is:			
Mailing Address		3670 S 25TH E	
		STE 2	
		IDAHO FALLS, ID 83404-4956	
4. Registered Agent Name and Address			
Registered Agent		Registered Agent	
		Peter Parker	
		Physical Address:	
		3670 S 25TH E SUITE 2 IDAHO FALLS, ID 83404	
		Mailing Address:	
		3670 S 25TH E	
		STE 2	
		IDAHO FALLS, ID 83404-4956	
☑ I affirm that the registered agent approximately ap	ppointed has consented	d to serve as registered agent for this entity.	
5. Governors			
Name		Address	
Peter Parker		3670 S 25TH E SUITE 2 IDAHO FALLS, ID 83404	
Signature of Organizer:	•		
Peter Parker		08/05/2024	
Sign Here		Date	