





## 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-

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Date

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Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Services descriptions below)	vice (see Standard (filing fee \$100)
1. Limited Liability Company Name	
Type of Limited Liability Company	Professional Limited Liability Company
Entity name	Vessel Chiropractic and Functional Medicine, PLLC
Profession The business is organized to practice the profession	of: Chiropractic
The complete street address of the principal office is:     Principal Office Address	DR. COFFMAN 2916 N TAMARACK DR. BOISE, ID 83703
The mailing address of the principal office is:     Mailing Address	DR. COFFMAN 2916 N TAMARACK DR BOISE, ID 83703-4431
4. Registered Agent Name and Address	
Registered Agent  I affirm that the registered agent appointed has	Registered Agent Serena A Coffman Physical Address: 2916 N TAMARACK DR. BOISE, ID 83703 Mailing Address: 2916 N TAMARACK DR BOISE, ID 83703-4431 consented to serve as registered agent for this entity.
5. Governors	
Name	Address
Serena A Coffman	2916 N TAMARACK DR. BOISE, ID 83703
Signature of Organizer:	

Serena Aubrey Coffman

Sign Here