







## 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

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Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Servi descriptions below)	ice (see Expedited (+\$40; filing fee \$140)
1. Limited Liability Company Name	
Type of Limited Liability Company	Professional Limited Liability Company
Entity name	Lakeside Mobile Chiropractic, 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	2258 W. CAMUS CT. COEUR D'ALENE, ID 83815
3. The mailing address of the principal office is:	
Mailing Address	2258 W CAMUS CT COEUR D ALENE, ID 83815-9790
4. Registered Agent Name and Address	
Registered Agent	Registered Agent Mitchell M. Gottschalk Physical Address: 2258 W. CAMUS CT. COEUR D'ALENE, ID 83815 Mailing Address: 2258 W CAMUS CT COEUR D ALENE, ID 83815-9790
I affirm that the registered agent appointed has o	consented to serve as registered agent for this entity.
5. Governors	
Name	Address
Mitchell M. Gottschalk	2258 W. CAMUS CT. COEUR D'ALENE, ID 83815
Signature of Organizer:	
Mitchell M. Gottschalk	11/09/2023
Sign Here	Date