



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed).

For Office Use Only

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1. The name of the limited liability company is:

Integrity Chiropractic LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

788 Eastland Dr, Twin Falls, ID 83301

(Street Address)

PO Box 0571 Twin Falls ID 83301-0571

(Mailing Address, if different)

3. The name and complete street address of the registered agent:

Jared Hymas

(Name)

2140 Elizabeth Blvd 8A Twin Falls ID 83301

(Address)

4. The name and address of at least one governor of the limited liability company:

Jared Hymas

(Name)

2140 Elizabeth Blvd 8A Twin Falls ID 83301

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

5. Mailing address for future correspondence (annual report notices):

788 Eastland Dr, Twin Falls, ID 83301

(Mailing Address)

Signature of organizer(s).

Printed Name: **Jared Hymas**

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only