

**BEFORE THE BOARD OF HEALING ARTS  
OF THE STATE OF KANSAS**

KS State Board of Healing Arts

<b>In the Matter of</b>	)	
	)	<b>Docket No.: 26-HA00004</b>
<b>Juleigh Anne Furry, D.C.</b>	)	
<b>Application for License to</b>	)	
<b>Practice Chiropractic</b>	)	
	)	

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**ORDER GRANTING  
REQUEST TO WITHDRAW APPLICATION**

On October 10, 2025, this matter comes before the Kansas State Board of Healing Arts (“Board”) upon due and proper notice for Conference Hearing on an application for an active license to practice chiropractic in Kansas. Juleigh Anne Furry, D.C., (“Applicant”) appeared in person, *pro se*.

1. Applicant submitted to the Board an initial application for a Kansas license to practice chiropractic (“Application”) and such Application was deemed complete and filed with the Board on August 25, 2025.
2. On or about October 10, 2025, Applicant submitted to the Board a request to withdraw her Application.

**IT IS THEREFORE ORDERED,** Applicant’s request to withdraw her Application is **GRANTED.**

**IT IS SO ORDERED** this 4<sup>th</sup> day of November 2025.

**FOR THE KANSAS STATE BOARD OF  
HEALING ARTS**

Susan Gile, Executive Director

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**Order Granting Request to Withdraw Application  
In the Matter of Juleigh Anne Furry, D.C.  
KSBHA Docket No. 26-HA00004**

**CERTIFICATE OF SERVICE**

I, the undersigned, hereby certify that I served a true and correct copy of the above by depositing the same in the United States mail, postage prepaid, on this 4<sup>th</sup> day of November 2025 addressed and emailed to:

Juleigh Anne Furry, D.C.

**CONFIDENTIAL**

*Applicant*

A copy was hand delivered to:

Licensing Administrator  
Kansas State Board of Healing Arts  
800 SW Jackson St. Suite 700  
Topeka, KS 66612

and the original filed with the office of the Executive Director.

  
Staff Signature

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