FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2008 SEP 18 PM 4: 06

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 The name of the limited liability con 	ompany is: STATE OF IDAHO
Advantage	e Rehabilitation Services, LLC
The complete street and mailing ad	ddresses of the initial designated/principal office: ma Drive, Moscow, Idaho, 83843
·	
(Malling Address, if different than street address)	
3. The name and complete street addr	ress of the registered agent:
Ryan J. McAllister	899 Panorama Drive, Moscow, Idaho, 83843
(Name)	(Street Address)
company: Name Ryan J. McAllister	ne member or manager of the limited liability Address 899 Panorama Drive, Moscow, Idaho, 83843
Mailing address for future correspond	dence (annual report notices):
899 Panorama	Drive, Moscow, Idaho, 83843
Future effective date of filing (optional)	ıl):
ignature of organizer(s). (An organizer is a matring in behalf of a member or members).	nember, or is
ignature Jupan R 1870	Secretary of State use only
yped Name: Susan R. Wilson	Se di
gnature	mWLLC formsteed o772008
/ped Name:	mALL form
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IDAHO SECRETARY OF STATE

99/19/2008 05:00

CK: 154260 CT: 172099 BH: 1136586

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