



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2017 JAN 13 AM 9:24

**SECRETARY OF STATE
STATE OF IDAHO**

1. The name of the professional limited liability company is:

Full Potential Physical Therapy, PLLC

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

3510 12th Street, 200, Lewiston, Idaho, 83501

3. Name and street address of registered agent in Idaho:

Seker Medavarapu 2724 17th Street #202, Lewiston, Idaho, 83501

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

Seker Medavarapu 2724 17th Street #202, Lewiston, Idaho, 83501

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

3510 12th Street, 200, Lewiston, Idaho, 83501

6. The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is:

Physical Therapy

7. Signature of a manager, member, or an organizer.

Printed Name: Seker Medavarapu

Signature: 

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

01/13/2017 05:00

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