

Printed Name: __

Signature:

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Base Filing fee: \$100.00

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

Complete and submit the application in <u>duplicate</u>.

2015 AUG 25 PM 2: 04

SECRETARY OF STATE STATE OF IDAHO

<u>.</u>	The complete street and mailing	addresses of the principal office is:			
••	2810 South Honeycomb V		Boise	ID	83716
	(Street Address)	<u></u>	(City)	(State)	(Zipcode)
	(Mailing Address, if different)		(City)	(State)	(Zipcode)
} .	Name and street address of registered agent in Idaho:				
	Deborah Simmons	2810 South Honeycomb Way	y Boise	ID	83716
	(Name)	(Address)	(City)	(State)	(Zipcode
ļ,	The name and address of at least one governor of the limited liability company:				
	Deborah Simmons	2810 South Honeycomb Way	Boise	ID	83716
	(Name)	(Address)	(City)	(State)	⟨Zipcode
	(Name)	(Address)	(City)	(State)	(Z)pcode
	(Name)	(Address)	(City)	(State)	(Zipcode
	Mailing address for future correspondence (annual report notices):				
	2810 South Honeycomb W	/ay B	loise	ID	83716
	(Address)		(City)	(State)	(Zipcode)
ò.	The limited liability company is a professional company, and the principal profession or professions for which members a duly licensed or otherwise legally authorized to render professional services is:				
	Physical Therapy				
			Secretary of Sta	te use only	·
	Signature of a manager, me Deborah Simmor	IDAHO SECRETARY OF STATE			
		08/25/2	015 05:	66	
³rit	nted Name:		2683 CT:31		