







## STATE OF IDAHO Office of the secretary of state, Phil McGrane **CERTIFICATE OF ORGANIZATION LIMITED** LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00

For Office Use Only

-FILED-

File #: 0005367621

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Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service (see descriptions below)		Standard (filing fee \$100)
1. Limited Liability Company Name		5.6
Type of Limited Liability Company		Professional Limited Liability Company
Entity name		Mobile Fit Physical Therapy PLLC
Profession  The business is organized to practice the profession of:		Physical Therapy
The complete street address of the principal office is:     Principal Office Address		1869 E SELTICE WAY #546 POST FALLS, ID 83854-7082
The mailing address of the principal office is:     Mailing Address		1869 E SELTICE WAY #546 POST FALLS, ID 83854-7082
Registered Agent Name and Address     Registered Agent		POST FALLS LAW LLC Registered Agent Physical Address 806 E POLSTON AVE STE B POST FALLS, ID 83854 Mailing Address
I affirm that the registered agent appoir	ited has consented	I to serve as registered agent for this entity.
5. Governors		
Name	Address	
Jeffrey Ewert	1824 WARBLER LN POST FALLS, ID 83854	
Signature of Organizer:		
Jeffrey Ewert		08/23/2023
Sign Here		Date