FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2013 FEB 26 AH 8: 40

(Instructions on back of application)

1.	The name of the limited liability cor Hyde Ellis Physical Therapy, LLC	mpany is:	SEXTRACT STATE STATE OF DAHO
2.	The complete street and mailing addresses of the initial designated office: 725 Jensen Grove Drive Suite #4, Blackfoot, Idaho 83221		
٠	(Street Address)		
	P.O. Box 730, Blackfoot, Idaho 83221		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Michael J. Whyte		Idaho Falls, Idaho 83404
	(Name)	(Street Address)	
4.	The name and address of at least one member or manager of the limited liability company:		
	Name	Address 3100 S. Woodruff Avenue, Idaho Falls, Idaho 83404	
	Jay Ellis	3 100 S. Woodruff Ave	enue, Idano Falls, Idano 63404
5.	J	• •	rt notices):
	2635 Channing Way, Idaho Falls, Idaho 83404		
6.	Future effective date of filing (option	nal):	_
_	nature of a manager, member or son.	authorized	
J G 1	3 A		Secretary of State use only
Sia	nature Keyl Elly		
	ped Name: Jay Ellis, Member		
' / -	rame		
٠.			IDAHO SECRETARY OF STATE 02/26/2013 05:00
	nature		CK: 53936 CT: 121759 BH: 1361836 1 0 100.00 = 100.00 ORGAN LLC # 2
Tyr	ned Name:		T & 100.00 = 100.00 OKOHU TTP # 5

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