



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

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(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

VBK Rehabilitation, LLC

2. The complete street and mailing addresses of the initial designated office:

605 Trejo St. Rexburg, ID 83440
(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Brittany Kaaiaakamany 605 Trejo St. Rexburg, ID 83440
(Name) (Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name	Address
<u>Vincent Kaaiaakamany</u>	<u>605 Trejo St. Rexburg, ID 83440</u>

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

605 Trejo St. Rexburg, ID 83440

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature Brittany Kaaiaakamany
Typed Name: Brittany Kaaiaakamany

Signature Vincent Kaaiaakamany
Typed Name: Vincent Kaaiaakamany

Secretary of State use only

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06/29/2012 05:00
CK: 165 CT: 271950 BH: 1338388
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