



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 27 AM 9:01

**SECRETARY OF STATE
STATE OF IDAHO**

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

Erickson PT Enterprises PLLC

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

1005 Highway 2 West Sandpoint, Idaho 83864

(Street Address)

(Mailing Address, if different)

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

Shawna Benner-Erickson, MPT 1005 Highway 2 West Sandpoint, Idaho 83864

(Name)

(Address)

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

Shawna Benner-Erickson, MPT 1005 Highway 2 West Sandpoint, Idaho 83864

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

1005 Hwy 2 West Sandpoint ID 83864

(Address)

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: Shawna Benner-Erickson, MPT

Signature: *Shawna Benner-Erickson MPT*

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

01/27/2017 05:00

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