

251

FILED

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY



APR 22 3 53 PM '98

(Instructions on back of application)

SECRETARY OF STATE

1. The name of the limited liability company is: The Physical Therapy Clinic of
Boise, LLC

2. The address of the initial registered office is: 1087 West River Street, Suite 100,
Boise, Idaho 83702 (not a PO Box)

and the name of the initial registered agent at that address is: Janice E. Lawson

Signature of registered agent: _____

3. Is management of the limited liability company vested in a manager or managers?

☒ Yes ☐ No (check appropriate box)

4. If management is vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is vested in the members, list the name(s) and address(es) of at least one initial member.

Name:

Address:

Aspen Rehabilitation7918 Zenith Dr.Associates, Inc.Citrus Heights, CA 95621Mark McCoy8561 LeParc CourtFair Oaks, CA 95628

5. Signature of at least one person listed in #4 above:

Aspen Rehabilitation Associates, Inc.

By:

Mark McCoy

Secretary of State use only
IDAHO SECRETARY OF STATE

04/22/1998 09:00
CX: 3004 CI: 85049 BH: 103708

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