

Signature_

Typed Name: _ _ _ _ _ _ _ _ _

CERTIFICATE OF ORGANIZATION PROFESSIONAL

FILED EFFECTIVE

LIMITED LIABILITY COMPANY 2014 JUL 25 AN GA 45 (Instructions on back of application) 1. The name of the professional limited liability company is: Panacea Physical Therapy and Personal Training PLLC The complete street and mailing addresses of the initial designated office: 3734 W Sugar Creek Dr Meridian, ID 83646 (Street Address) (Mailing Address, if different than street address) 3. The name and complete street address of the registered agent: Joshua A. Mason 3734 W Sugar Creek Dr, Meridian, ID 83646 (Name) (Street Address) 4. The name and address of at least one member or manager of the professional limited liability company: <u>Name</u> <u>Address</u> Joshua A. Mason 3734 W Sugar Creek Dr. Meridian, ID 83646 5. Mailing address for future correspondence (annual report notices): 3734 W Sugar Creek Dr, Meridian, ID 83646 6. Future effective date of filing (optional): ______ 7. 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 and Personal Training Signature of a manager, member or authorized person. Secretary of State use only Signature A Typed Name: Joshua A. Mason_____

IDAMO SECRETARY OF STATE

07/25/2014 05:00

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