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CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2010 MAR -3 PM 2:08

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Renaissance Rehab LLC

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

4846 Wind River Dr., Idaho Falls, ID. 83401

(Street Address)

P.O. Box 365, Iona, ID 83427

(Mailing Address, if different than street address)

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

James King

(Name)

4846 Wind River Dr., Idaho Falls, ID. 83401

(Street Address)

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

Name**Address**

James King

4846 Wind River Dr., Idaho Falls, ID. 83401

Sherrie King

4846 Wind River Dr., Idaho Falls, ID. 83401

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

Renaissance Rehab LLC P.O. Box 365, Iona, ID 83427

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

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name:

James King

Signature

Typed Name:

Sherrie King

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE

03/03/2010 05:00

CK: 396624 CT: 172899 BH: 1218722

1 @ 100.00 = 100.00 ORGAN LLC # 2

1 @ 20.00 = 20.00 EXPEDITE C # 3

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