

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

12 foot 16 AH 8: 48

. The name of the limited liability company is:		SECRETARY OF STATE STATE OF IDAHO	
Rehab	Authority Practice Manage	ement, LLC	
The complete street and mailir 2176 East Franklin Road, Suite 100 (Street Address)	•	nitial designated office:	
(Mailing Address, if different than street add	iress)		
The name and complete stree	t address of the regist	tered agent:	
Kevin Hulsey		in Road, Suite 100, Meridian, ID 83642	
(Name)	(Street Address)	(Street Address)	
The name and address of at le company:	east one member or m	nanager of the limited liability	
Name		Address	
Kevin Hulsey	2176 East Frankl	lin Road, Suite 100, Meridian, ID 8364	
5. Mailing address for future corn	espondence (annual r	report notices):	
2176 East Franklin Road, Suite 100	- '	•	
3. Future effective date of filing (optional):		
Namak			
Signature of a manager, memb person.	er or authorized		
		Secretary of State use only	
Signature			
yped Name Kevin Hulsey			
Signature		IDANO SECRETARY OF STATE 04/16/2012 05:00 CK: 12638 CT: 253358 BH: 1319858	
Typed Name:		1 8 108.80 = 180.80 ORGAN LLC # 2	

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