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CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE

2013 FEB 13 PM 1:27

SECRETARY OF STATE
STATE OF IDAHO

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

Idaho Falls Physical Therapy PLLC

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

5856 Gleneagles Dr., Idaho Falls, ID 83401

(Street Address)

(Mailing Address, if different than street address)

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

United States Corporation Agents, Inc.

943 West Overland Road, Meridian, ID 83642

(Name)

(Street Address)

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

Name

Address

Jodi A.M. Smith

5856 Gleneagles Dr., Idaho Falls, ID 83401

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

5856 Gleneagles Dr., Idaho Falls, ID 83401

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Karla Figueroa, Legalzoom.com, Inc.

Signature

Typed Name:

Secretary of State-use only

cert_org_pllc.pmd Rev. 07/2010

IDAHO SECRETARY OF STATE
02/13/2013 05:00
CK: 1285696 CT: 172099 BH: 1360120
1 @ 100.00 = 100.00 PROF LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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