

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 JAN 13 PM 1=10

SECRETARY OF STATE STATE OF IDAHO

The name of the limited liability con	npany is:
Upwor	d Speech Therapy, LLC
The complete street and mailing ad	dresses of the initial designated/principal office:
1810 Schneidmiller Ave. Ste. 241, Post	Falls, Idaho 83854
(Street Address)	
(Mailing Address, if different than street address)	1.00
The name and complete street addr	ess of the registered agent:
Sue Helsper (Name)	1810 Schneidmiller Ave. Ste. 241, Post Falls, Idaho 83854 (Street Address)
The name and address of at least o company:	ne member or manager of the limited liability
Name	Address
Sue Helsper	1810 Schneidmiller Ave. Ste. 241, Post Falls, Idaho 83854
Mailing address for future correspor	idence (annual report notices):
1810 Schneidmiller Ave. Ste. 241, Post	Falls, Idaho 83854
Future effective date of filing (option	nal)
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	Secretary of State use only
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ped Name: Cheyenne Moseley, Assistant	<u>:</u>
Secretary, LegalZoom.com, li	ne i
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ped Name:	<u> </u>
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IDAHO SECRETARY OF STATE ②1/13/2014 05:00 CK: 1669631 CT: 172099 BH: 1405711 1 0 100.00 = 100.00 ORGAN LLC # 2