



CERTIFICATE OF ORGANIZATION **PROFESSIONAL** **LIMITED LIABILITY COMPANY**

2013 SEP -6 AM 9:13

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Mt. Harrison Rehabilitation pllc

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

559 Terrace Dr. Burley, ID 83318
(Street Address)

(Mailing Address, if different than street address)

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

Scott Crider
(Name)

559 Terrace Dr. Burley, ID 83318
(Street Address)

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

Name	Address
<u>Scott Crider</u>	<u>559 TERRACE Dr. Burley, ID 83318</u>
<u>Jeff Gibbons</u>	<u>374 E 150 S. Burley, ID 83318</u>
_____	_____
_____	_____

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

559 Terrace Dr. Burley ID, 83318

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: Occupational therapy, Physical Therapy
Speech Therapy

Signature of a manager, member or authorized person.

Signature Scott Crider

Typed Name: Scott Crider

Signature Jeff Gibbons

Typed Name: Jeff Gibbons

Secretary of State use only

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09/06/2013 05:00
CK: 1540736 CT: 172099 BH: 1309051
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