



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

(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

Scott Crider

Address

559 TERRACE Dr. Burley, ID 83318

Jeff Gibbons

374 E 150 S. Burley, ID 83318

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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