



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

08 JUL 18 PM 2:12

(Instructions on back of application)

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Functional Physical Therapy Center LLC

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

8950 W Emerald suite 158 Boise ID 83704

(Street Address)

(Mailing Address, if different than street address)

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

Rajcoomar Issuree

8950 W Emerald suite 158 Boise ID 83704

(Name)

(Street Address)

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

**Name**

**Address**

Rajcoomar Issuree

8950 W Emerald suite 158 Boise ID 83704

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

8950 W Emerald suite 158 Boise ID 83704

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature

Typed Name: Rajcoomar Issuree

Signature

Typed Name:

Secretary of State use only

W76142

IDAHO SECRETARY OF STATE  
07/18/2008 05:00  
CK: 133530 CT: 172099 BH: 112762  
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Revised 07/2008