



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

2012 FEB -8 PM 4:08

 SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Small Steps Pediatric Therapy, P.L.L.C.

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

223 North 6th Street Suite 400 Boise, ID 83702

(Street Address)

(Mailing Address, if different than street address)

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

223 North 6th Street Suite 400

(Name)

Taylor Law Offices PLLC.

(Street Address)

Boise, ID 83702

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

Name	Address
<u>Kevin Spiegel</u>	<u>6009 Robertson Dr Boise, ID 83709</u>
_____	_____
_____	_____
_____	_____

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

223 North 6th Street Suite 400 Boise, ID 83702

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 [Signature]

 Typed Name: Kevin Spiegel

Signature _____

Typed Name: _____

Secretary of State use only

 IDAHO SECRETARY OF STATE
 02/08/2012 05:00
 CK: CASH CT: 266889 BH: 1309842
 1 @ 100.00 = 100.00 PROF LLC # 2

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