

CERTIFICATE OF ORGANIZATION **PROFESSIONAL** LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed Complete and submit the application in duplicate.

	•		-7770 -	
The name of the	orofessional limited lia	ability company is:		
Campbell PT S	ervices PLLC			
The complete stre	et and mailing addres	sses of the principal office is	:	
1440 N. Hayes	Ave. Pocatello, I	D 83204		
(Street Address)				
(Malling Address, if dif	ferent)			
. Name and street a	address of registered	agent <u>in Idaho</u> :		
Timothy J. Car	npbell	1440 N. Hayes Ave. Pocatello, ID 83204		
(Name)		(Address)		
. The name and ad	dress of at least one	governor of the limited liabi	ity company:	
Timothy J. Car	npbell	1440 N. Hayes A	ve. Pocatello, ID 83204	
(Name)		(Acdress)		
(Name)		(Address)		
(Name)		(Áddress)		
. Mailing address fo	or future corresponde	nce (annual report notices):		
	Ave. Pocatello, II			
(Address)	<u> </u>			
		ssional company, and the pr orized to render professiona	incipal profession or professions for which members and services is:	
Physical Therapy				
			Country of Chit	
. Signature of a	ı manager, member, o	or an organizer	Secretary of State use only	
Timothy J. Campbell			IDAMO SECRETARY OF STATE	
Timothy 5. Campbell			TOARO SECRETARY OF STATE	

IDAHO SECRETARY OF STATE 06/09/2016 05:00

CK:1254 CT:325408 BH:1532383 10 100.00 = 100.00 PROF LLC #2 16 20.00 = 20.00 EXPEDITE C #3

W167530

6.7.16 Signature

Printed Name:

Printed Name: _

Rev. 08/2015