



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2012 APR 30 PM 2:08

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

North Star Physical Therapy and Wellness P.L.L.C.

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

8836 N. Hess St. Suite E; Hayden, Idaho 83835

(Street Address)

(Mailing Address, if different than street address)

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

Jason Bruns

(Name)

8836 N. Hess St. Suite E; Hayden, Idaho 83835

(Street Address)

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

Name

Address

Holly Bruns

8836 N. Hess St. Suite E; Hayden, Idaho 83835

Jason Bruns

8836 N. Hess St. Suite E; Hayden, Idaho 83835

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

8836 N. Hess St. Suite E; Hayden, Idaho 83835

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

Typed Name: Jason Bruns

Signature

Typed Name: Holly Bruns

Secretary of State use only

IDAHO SECRETARY OF STATE
04/30/2012 05:00
CK: 978856 CT: 172099 BH: 1322073
1 @ 100.00 = 100.00 PROF LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W 113427