252

Printed Name: _____

Signature: __

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

SECRETARY OF STATE STATE OF IDAHO

W179339

2017 MAR -2 AM 8: 35

Complete and submit the application in <u>duplicate</u>.

1.	The name of the professional limited liability company is:
	Movita Health, PLLC
2.	The complete street and mailing addresses of the principal office is: 1103 & Shuman Ave Columb Alene 10 83814 (Street Address)
	304 5 14th St., Coeurd Alene 1083814 (Mailing Address, if different)
3.	Name and street address of registered agent <u>in Idaho</u> :
	Tawnya Okeefe 304 S 14th Sty Coeur d Alene, ID 83812 (Name) (Address)
4.	The name and address of at least one governor of the limited liability company:
	Townya Okeefe 3045.14th St Courd Alene 10 83814
	(Name) (Address)
	(Name) (Address)
5.	Mailing address for future correspondence (annual report notices):
	304 S. 14th Sto Coeur d Alene 10 83814
	(Address)
6.	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:
	medicine
	Country of Citate was cally
7.	Secretary of State use only Signature of a manager, member, or an organizer.
Dri	nted Name: Taunya Okeefe IDAHO SECRETARY OF STATE 03/02/2017 05:00
1-11	CK:5105 CT:334572 BH:1571541
Sig	phature: 10 100.00 = 100.00 PROF LLC #2 10 20.00 = 20.00 CORP SUR #3

Rev. 08/2015