



**CERTIFICATE OF ORGANIZATION  
PROFESSIONAL  
LIMITED LIABILITY COMPANY**

**FILED EFFECTIVE**

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

2018 JAN -9 PM 4:55

SECRETARY OF STATE  
STATE OF IDAHO

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

**Ada Therapy Services, PLLC**

2. The complete street and mailing addresses of the principal office is:

**4696 W Overland Road Suite 232, Boise, Idaho 83705**

(Street Address)

(Mailing Address, if different)

3. Name and street address of registered agent in Idaho:

**Amanda Craig**

(Name)

**4706 W Corporal St, Boise, Idaho 83706**

(Address)

4. The name and address of at least one governor of the limited liability company:

**Amanda Craig**

(Name)

**4706 W Corporal St, Boise, Idaho 83706**

(Address)

(Name)

(Address)

(Name)

(Address)

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

**4706 W Corporal St, Boise, Idaho 83706**

(Address)

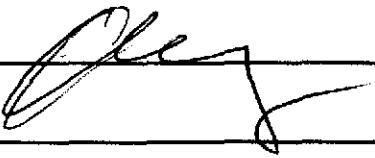
6. The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is:

**Occupational Therapy**



7. Signature of a manager, member, or an organizer.

Printed Name: **Amanda Craig**

Signature: 

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDaho SECRETARY OF STATE

01/10/2018 05:00

CK:6160 CT:350211 BH:1620362  
1@ 100.00 = 100.00 PROF LLC #2  
1@ 20.00 = 20.00 EXPEDITE C #3

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