



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2015 JUN -1 PM 3:14

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Jepson Therapy Services, PLLC

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

4316 W Freemont St, Boise, ID

(Street Address)

(Mailing Address, if different than street address)

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

Tyler Jepson

(Name)

4316 W Freemont St, Boise, ID 83706

(Street Address)

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

Name

Address

Tyler Jepson

4316 W Freemont St, Boise, ID 83706

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

4316 W Freemont St, Boise, ID 83706

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:

Tyler Jepson

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

06/01/2015 05:00

CK:1247 CT:310834 BH:1477754

10 100.00 = 100.00 PROF LLC #2

10 20.00 = 20.00 EXPEDITE C #3

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