

**FILED EFFECTIVE**

252



# **CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY**

2015 FEB 10 PM 4:10

SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

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

Dynamic Physical Therapy PLLC

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

1037 21st Street, Lewiston ID 83501

(Street Address)

(Mailing Address, if different than street address)

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

Johanna M. Strehle

(Name)

1037 21st Street, Lewiston ID 83501

(Street Address)

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

**Name**

**Address**

Johanna M. Strehle

1037 21st Street, Lewiston ID 83501

\_\_\_\_\_  
LIMITED LIABILITY COMPANY

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

1037 21st Street, Lewiston ID 83501

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: Johanna M. Strehle

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

02/11/2015 05:00

CK: PREPAID CT: 20457 BH: 1461259

1@ 100.00 = 100.00 PROF LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

cert\_org\_pllc.pmd Rev. 07/2010

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Mailing address for future correspondence (annual report notices):

W147541