



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

08 JAN 11 PM 12:49
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Performance Therapy, LLC

2. The street address of the initial registered office is:

5412 S. House Rock Cir., Idaho Falls, ID 83406

and the name of the initial registered agent at the above address is:

Scott Brown

3. The mailing address for future correspondence is:

5412 S. House Rock Cir., Idaho Falls, ID 83406

4. The limited liability company will be:

Manager-managed or Member-managed (please check the appropriate box)

5. If manager-managed, list the name(s) and address(es) of at least one initial manager.
If member-managed, list the name(s) and address(es) of at least one initial member.

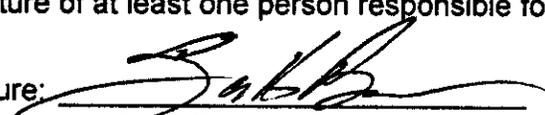
Name

Address

Scott Brown

5412 S. House Rock Cir., Idaho Falls, ID 83406

6. Signature of at least one person responsible for forming the limited liability company:

Signature: 

Typed Name: Scott Brown

Capacity: Manager /

Signature _____

Typed Name: _____

Capacity: _____

Secretary of State use only

070271

IDAHO SECRETARY OF STATE
01/11/2008 05:00
CK: 14530 CT: 178134 BH: 1894206
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

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Revised 05/2007

Web Form