

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2009 HAR 31 PM 2: 53

STARY OF STATE

1. The name of the limited liability con	npany Is:
•	ly Speech Therapy LLC
	dresses of the initial designated/principal office:
1165 Enc	sino St. Pocatello, ID 83201
(Sireat Address)	
(Meiling Address, if different than alreet address)	
. The name and complete street addr	ess of the registered agent:
Heather L. Rogers	1165 Encino St. Pocatello, ID 83201
(Name)	(Street Address)
. The name and address of at least or company:	ne member or manager of the limited liability
Nama	Address
Heather L. Rogers	1165 Encino St. Pocatello, ID 83201
Marie Company	
Bradley J. Rogers	1165 Encino St. Pocatello, ID 83201
-	
6. Mailing address for future correspondent	dence (annual report notices); ino St. Pocatello, ID 83201
Future effective date of filing (options	al):
ignature of organizer(s). (An organizer is a ting in behalf of a member or members).	member, or is
	Secretary of State use only
ignature Heather L. Rogers Wheel Name: Heather L. Rogers	<del></del>
yped Name: Heather L'Rogers	
ignature	IDANO SECRETARY OF STATE
:名: i e fei へ	to 03/31/2009 05: