



0005317555



**STATE OF IDAHO**  
*Office of the secretary of state, Phil McGrane*  
**CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY**

Idaho Secretary of State  
PO Box 83720  
Boise, ID 83720-0080  
(208) 334-2301  
Filing Fee: \$100.00

*For Office Use Only*

**-FILED-**

File #: 0005317555

Date Filed: 7/12/2023 10:37:58 AM

Certificate of Organization Limited Liability Company					
Select one: Standard, Expedited or Same Day Service (see descriptions below)	Standard (filing fee \$100)				
1. Limited Liability Company Name					
Type of Limited Liability Company	Limited Liability Company				
Entity name	West Valley Physical Therapy LLC				
2. The complete street address of the principal office is:					
Principal Office Address	3953 N 1500 E BUHL, ID 83316				
3. The mailing address of the principal office is:					
Mailing Address	3953 N 1500 E BUHL, ID 83316-6141				
4. Registered Agent Name and Address					
Registered Agent	Registered Agent Gloria E Morse Physical Address: 3953 N 1500 E BUHL, ID 83316 Mailing Address: 3953 N 1500 E BUHL, ID 83316-6141				
<input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.					
5. Governors					
<table border="1"> <thead> <tr> <th>Name</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td>Gloria E Morse</td> <td>3953 N 1500 E BUHL, ID 83316</td> </tr> </tbody> </table>		Name	Address	Gloria E Morse	3953 N 1500 E BUHL, ID 83316
Name	Address				
Gloria E Morse	3953 N 1500 E BUHL, ID 83316				
Signature of Organizer:					
<i>Gloria E Morse</i>	<i>07/12/2023</i>				
Sign Here	Date				

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