





STATE OF IDAHO

Office of the secretary of state, Lawerence Denney 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 #: 0004036010

10/16/2020

Date

Date Filed: 10/16/2020 10:46:51 AM

| Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service descriptions below) | e (see Standard (filing fee \$100) |
|---|---|
| 1. Limited Liability Company Name | |
| Type of Limited Liability Company | Professional Limited Liability Company |
| Entity name | Physical Therapy Institute of the Northwest, PLLC |
| Profession | |
| The business is organized to practice the profession of | Physical Therapy |
| 2. The complete street address of the principal office is: | |
| Principal Office Address | LISA M JOLLIFF, COO |
| | 8921 W HACKAMORE ST |
| | BOISE, ID 83709 |
| 3. The mailing address of the principal office is: | |
| Mailing Address | LISA M JOLLIFF, COO |
| | 8921 W HACKAMORE DR |
| | BOISE, ID 83709-1673 |
| 4. Registered Agent Name and Address | |
| Registered Agent | Registered Agent |
| | Lisa M Jolliff |
| | Physical Address: |
| | LISA M JOLLIFF, COO 8921 W HACKAMORE ST |
| | BOISE, ID 83709 |
| | Mailing Address: |
| | LISA M JOLLIFF, COO |
| | 8921 W HACKAMORE DR |
| | BOISE, ID 83709-1673 |
| ☑ I affirm that the registered agent appointed has core | nsented to serve as registered agent for this entity. |
| 5. Governors | |
| Name | Address |
| Paul J Montalbano | 8921 W HACKAMORE ST |
| · =-=- = · · · = · · · = · · · = | BOISE, ID 83709 |
| | |
| Signature of Organizer: | |

Paul J Montalbano

Sign Here