



ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

2007 APR -9 PM 4: 05

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the professional limited liability company is:
In Touch Rehabilitation Services, PLLC
2. The professional LLC is organized for the practice in the profession of: Physical Therapy
3. The address of the initial registered office is: 808 NW Blvd, Ste 401, Coeur d'Alene, ID 83815
and the name of the initial registered agent is: Witherspoon, Kelley, Davenport & Toole, P.S.
4. Management of the professional limited liability company will be vested in:
☐ Manager(s) ☒ Member(s)
5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one manager. If management is to be vested in members, list the name(s) and address(es) of at least one initial member.

Name

Address

Brad Sharples-Faucher

3015 Sand Trap Court, Post Falls, ID 83854

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

Signature Brad Sharples-Faucher

Typed Name Brad Sharples-Faucher

Capacity Member

Signature _____

Typed Name _____

Capacity _____

Idaho Secretary of State
Revised 05/2002

Web Form

IDAHO SECRETARY OF STATE
04/10/2007 05:00
CK: NONE CT: 24405 BH: 1045847
1 @ 100.00 = 100.00 PROF LLC # 2

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