





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

-FILED-

File #: 0005682740

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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		Professional Limited Liability Company	
Entity name		Ryan Physical Therapy PLLC	
Profession			
The business is organized to practice the profession of:		Physical Therapy	
2. The complete street address of the pr	incipal office is:		
Principal Office Address		530 SYCAMORE CIRCLE IDAHO FALLS, ID 83402	
3. The mailing address of the principal o	ffice is:		
Mailing Address		530 SYCAMORE CIR IDAHO FALLS, ID 83402-4759	
4. Registered Agent Name and Address			
Registered Agent		Registered Agent Orin k Ryan Physical Address: 530 SYCAMORE IDAHO FALLS, ID 83402 Mailing Address: 530 SYCAMORE CIR IDAHO FALLS, ID 83402-4759	
☑ I affirm that the registered	agent appointed has consented	I to serve as registered agent for this entity.	
5. Governors			
Name		Address	
Orin k Ryan		530 SYCAMORE CIRCLE IDAHO FALLS, ID 83402	
Signature of Organizer:			
Orin Kelley Ryan		04/07/2024	
Sign Here		Date	