## ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

08 MAY -6 PM 3:43

(Instructions on bac	
1. The name of the limited liability co	ompany is:
West Valle	ry Therapy Services, LLC
2. The street address of the initial reg	sistered office is:
1111 West Jefferson, Suite 530, Boise, ID 8	3702
and the name of the initial registere	ed agent at the above address is:
C T Corporation System	
3. The mailing address for future corre	espondence is:
One Park Plaza - Legai Department, Nashvi	
4. The limited liability company will be	
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, , ,	
5. If manager-managed, list the name(	(s) and address(es) of at least one initial manager. s) and address(es) of at least one initial member.
Name	Address
A. Bruce Moore, Jr.	One Park Plaza, Nashville, TN 37203
R. Milton Johnson	One Park Plaza, Nashville, TN 37203
R. Samuel Hankins, Jr.	One Park Plaza, Nashville, TN 37203
C. Cianatura of all least	
o. Signature of at least one person res	ponsible for forming the limited liability company:
Signature: Mr. L. L. Signature:	Secretary of State use only
Typed Name: Dora A. Blackwood	
Capacity: Organizer	
Signature	IDAHO SECRETARY OF STATE
Typed Name:	CK: 13613 CT: 20166 BH: 1117772
Capacity:	1 8 26.80 = 100.88 ORGAN LLC 8 2 26.60 EXPENTED C 3