

Signature: _

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed Complete and submit the application in duplicate.

FILED EFFECTIVE

2018 AUG 21 PM 4: 44

SECRETARY OF STATE STATE OF IDAHO

W 206824

1.	he name of the professional limited liability company is:			
	Renew Physical Therapy, PLLC			
2.	The complete street and mailing addresses of the principal office is: 3280 E. Bayberry Court, Boise, ID 83706 (Street Address)			
	(Mailing Address, if different)			
3.	Name and street address of registered agent <u>in Idaho</u> :			
	Shellie Oakley	3280 E. Bayberry Court, Boise, ID 83706		
	(Name)	(Address)		
4.	_	me and address of at least one governor of the limited liability company:		
	Shellie Oakley	3280 E. Bayberry Court, Boise, ID 83706		
	(Name)	(Address)		
	(Name)	(Address)		
	(Name)	(Address)		
5.	failing address for future correspondence (annual report notices):			
	3280 E. Bayberry Court, Boise, ID 83706			
	(Address)			
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6.	The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is:			
	Physical Therapy			
			Secretary of State use only	
7.	Signature of a manager, member,	or an organizer.		
Printed Name: Patrick J. Miller			IDAHO SECRETARY OF STATE	
Signature:			08/21/2018 05:00	
			CK:36736 CT:1626 BH:1660009 10 100.00 = 100.00 PROF LLC #2	
D-i-	nted Name:		1@ 20.00 = 20.00 EXPEDITE C #3	
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