



**CERTIFICATE OF ORGANIZATION
PROFESSIONAL
LIMITED LIABILITY COMPANY**

FILED EFFECTIVE

(Instructions on back of application)

2014 JAN -2 PM 4: 47

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the professional limited liability company is:

KASEY PT PLLC

2. The complete street and mailing addresses of the initial designated office:

2662 N. COLUMBINE AVE. BOISE, ID 83713

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

PETER A. WIERENGA

(Name)

2662 N. COLUMBINE AVE. BOISE, ID 83713

(Street Address)

4. The name and address of at least one member or manager of the professional limited liability company:

KATHRYN A S WIERENGA

Name

2662 N. COLUMBINE AVE. BOISE, ID 83713

Address

5. Mailing address for future correspondence (annual report notices):

2662 N. COLUMBINE AVE. BOISE, ID 83713

6. Future effective date of filing (optional): _____

7. 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

Signature of a manager, member or authorized person.

Signature

Kathryn S Wierenga

Typed Name:

KATHRYN A. S. WIERENGA

Signature _____

Typed Name: _____

Secretary of State use only

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IDAHO SECRETARY OF STATE
01/02/2014 05:00
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