



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 SEP 30 AM 8:23

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Silver Valley Physical Therapy, LLC

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

5968 CdA River Rd, Kingston, ID 83839

(Street Address)

POB 6, Kellogg, ID 83837

(Mailing Address, if different than street address)

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

Lisa Joann Darst MPT

(Name)

5968 CdA River Rd, Kingston, ID 83839

(Street Address)

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

Name

Address

Lisa Joann Darst MPT

5968 CdA River Rd, Kingston, ID 83839

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

Lisa Darst MPT, POB 6, Kellogg, ID 83837

6. Future effective date of filing (optional):

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature Lisa Darst MPT

Typed Name: Lisa Darst MPT

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
09/30/2009 05:00
CK: 1282 CT: 248979 BH: 1189868
1 @ 100.00 = 100.00 ORGAN LLC # 2

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