FILED EFFECTIVE



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY 09 JUN -4 AM 8: 42

(Instructions on back of application)

1. The name of the limited lia	bility company is:		STATE OF IDAL	
	Elite Physical Therapy	and Health, I	TC	<u> </u>
2. The complete street and ma	_			pal office:
(Street Address)	1255 Oakley Ave., Burl	ley, Idaho 83.	318	
				<u> </u>
(Mailing Address, if different than street	t address)			· ·
. The name and complete str	reet address of the	registered	agent:	Α,
Curtis Mason	583	3 Greenbrier	Dr., Heyburn, Idaho,	83336
(Name)	(Street Add	ress)		·
. The name and address of a company:	it least one membe	er or manaç	ger of the limited	liability
Name			<u>Address</u>	
Curtis Mason	583	3 Greenbrier	Dr., Heybum, Idaho,	83336
			<i>y</i>	. 14
				\$1.00
				, cor
. Mailing address for future o	,		•	
<u> </u>	1255 Oakley Ave., Burl	ley, Idaho 83:	318	
. Future effective date of filing	g (optional):			· · · · · · · · · · · · · · · · · · ·
	- · · · · · · · · · · · · · · · · · · ·			
gnature of organizer(s). (An org	anizer is a member, or	is		(v.
ting in behalf of antember or memb	ers).	Γ		
Con Con		£	Secretary of State	use orny
ignature	Menon	3	•	
/ped Name: Curtis	Mason	licert, c	*	
		boms\LC forms\cert_cog_lo.PMD evised 07/2008	19410 SE	CRETARY OF STATE
gnature	·	ns/LLC	CK: 1218 CT:	237668 BH: 11736
vped Name:		5 ₹	1 6 146.44 =	TAD SE NYOUN FF!