



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE **PROFESSIONAL** **LIMITED LIABILITY COMPANY**

2013 MAR 14 AM 9:07

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Optimum Physical Therapy & Rehabilitation Services, PLLC

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

11061 Bent Willow Lane Idaho Falls, ID 83401

(Street Address)

(Mailing Address, if different than street address)

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

Joseph M Wight II

(Name)

11061 Bent Willow Lane Idaho Falls, ID 83401

(Street Address)

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

Name

Address

Joseph M Wight II

11061 Bent Willow Lane Idaho Falls, ID 83401

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

11061 Bent Willow Lane Idaho Falls, ID 83401

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

Typed Name: Joseph M Wight II

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

03/14/2013 05:00

CK: 1652 CT: 280590 BH: 1364584

1 @ 100.00 = 100.00 PROF LLC # 2

1 @ 20.00 = 20.00 EXPEDITE C # 3

W122996