



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 JUN 21 AM 8:40  
SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Barnes Physical Therapy, LLC

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

1250 West Bridge St, Blackfoot, ID 83221

(Street Address)

286 Willis St, Blackfoot, ID 83221

(Mailing Address, if different than street address)

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

Trevor Barnes

(Name)

286 Willis St, Blackfoot, ID 83221

(Street Address)

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

Name

Address

Trevor Barnes, DPT

286 Willis St, Blackfoot, ID 83221

Amy Barnes

286 Willis St, Blackfoot, ID 83221

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

286 Willis St, Blackfoot, ID 83221

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Trevor Barnes, DPT

Typed Name: Trevor Barnes, DPT

Signature

Amy Barnes

Typed Name: Amy Barnes

Secretary of State use only

IDAHO SECRETARY OF STATE  
06/21/2012 05:00  
CK: 2845 CT: 271669 BH: 1329261  
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