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# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

**FILED EFFECTIVE**  
**2017 MAY 15 PM 3:31**  
**SECRETARY OF STATE**  
**STATE OF IDAHO**

1. The name of the limited liability company is:

IDAHO TRAUMA THERAPY L.L.C.

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

6632 W TOBI DR, BOISE, IDAHO 83714

(Street Address)

(Mailing Address, if different)

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

HILLARY COOK

6632 W TOBI DR, BOISE ID 83714

(Name)

(Address cannot be a post office box or postal mail box.)

4. The name and address of at least one governor of the limited liability company:

HILLARY COOK

6632 W TOBI DR, BOISE, IDAHO 83714

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

6632 W TOBI DR, BOISE ID 83714

(Address)

Signature of organizer(s).

Signature: Marsha Siha

Printed Name: MARSHA SIHA

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

05/15/2017 05:00

CK:13406030 CT:172099 BH:1584132

1@ 100.00 = 100.00 ORGAN LLC #2

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