



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 JUL -9 AM 8:50

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Kite's Occupational Therapy Services, LLC

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

0226 23rd Street, Lewiston, ID 83501

(Street Address)

(Mailing Address, if different than street address)

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

Heather A. Kite

(Name)

0226 23rd Street, Lewiston, ID 83501

(Street Address)

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

Name

Address

Heather A. Kite

0226 23rd Street, Lewiston, ID 83501

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

0226 23rd Street, Lewiston, ID 83501

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Heather A. Kite

Typed Name: Heather A. Kite

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
07/09/2010 05:00
CK: 12087 CT: 86540 BH: 1230015
1 @ 100.00 = 100.00 ORGAN LLC #