





STATE OF IDAHO Office of the secretary of state, Phil McGrane CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

-FILED-

File #: 0005998093

12/02/2024

Date

Date Filed: 12/2/2024 4:17:15 PM

Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day Service descriptions below)	(see Standard (filing fee \$100)
1. Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	Conquer Physical Therapy LLC
2. The complete street address of the principal office is:	
Principal Office Address	1539 PIPER STREET
	SUITE A IDAHO FALLS, ID 83401
	IDAI 10 I ALLO, ID 0040 I
3. The mailing address of the principal office is:	3707 E LEIHM LN
Mailing Address	3707 E LEIHM LIN IDAHO FALLS, ID 83401-3658
4. Desistent d Agent Nome and Address	
Registered Agent Name and Address Registered Agent	Registered Agent
Negistered Agent	Rayse L.K. Sickinger
	Physical Address:
	3707 E LEIHM LN
	IDAHO FALLS, ID 83401
	Mailing Address: 3707 E LEIHM LN
	IDAHO FALLS, ID 83401-3658
I affirm that the registered agent appointed has cons	sented to serve as registered agent for this entity.
Name	Address
	3707 E LEIHM LN IDAHO FALLS, ID 83401
Signature of Organizer:	

Rayse L.K. Sickinger

Sign Here