







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

PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 -FILED-

File #: 0005899249

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Certificate of Organization Limited Liability Compan Select one: Standard, Expedited or Sa descriptions below)	•	Standard (filing fee \$100)
1. Limited Liability Company Name		
Type of Limited Liability Company		Limited Liability Company
Entity name		Ikanos Physical Therapy, LLC
2. The complete street address of the principal offic	e is:	
Principal Office Address		3957 AARON LN
		POCATELLO, ID 83202
3. The mailing address of the principal office is:		
Mailing Address		3957 AARON LN
		POCATELLO, ID 83202-2800
Registered Agent Name and Address		
Registered Agent		Registered Agent
		Kathryn Swore
		Physical Address:
		3957 AARON LN
		POCATELLO, ID 83202 Mailing Address:
		3957 AARON LN
		POCATELLO, ID 83202-2800
I affirm that the registered agent ap	pointed has consented	I to serve as registered agent for this entity.
Name		Address
Kathryn Swore	3957 AARON LN POCATELLO, ID 83	3202-2800
Signature of Organizer:		
Signature of Organizer:  Kathryn Deena Swore		09/12/2024