



Revised 04/2019

## **CERTIFICATE OF ORGANIZATION** PROFESSIONAL LIMITED LIABILITY COMI

For Office Use Only

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	The String	Title 30, Chapters 21 and 25,		a (farma mayak ba	Date Filed: 10/20/2022 2:19:00 PM	2
		Base Filing fee: \$100.00 + \$20.0	טע זסר manuai processin	g (form must be	typed).	」 20/
_	T					202 2
1.	The name of the professional limited liability company is:					2
	Alicia Clancy OTR/L, PLLC					<u> </u>
2.	The complete street and mailing addresses of the principal office is:					19
	137 E. Scops Owl Ct. Kuna, ID 83634					<u> </u>
	(Street Address)					
	(Mailing Add	dress if different)				자 문 다
3.	Name and street address of registered agent in Idaho:					E.
	Alicia Clancy 137 E. Scops Owl Ct. Kuna, ID 836				una, ID 83634	eived
	(Name)		(Address)	······································		 Уч
4.	The name and address of at least one governor of the limited liability company:					
	Alicia C	Alicia Clancy 137 E. Scops Owl Ct. Kuna, ID 83634				O Hi
	(Name)		(Address)			——————————————————————————————————————
						ው ር
	(Name)		(Address)			О Н
	**:					<u>c</u>
5.	(Name) (Address)  Mailing address for future correspondence (annual report notices):					ě
ψ.	137 E. Scops Owl Ct. Kuna, ID 83634					Η
	(Malling Address)					Idab.
6.	The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is:					
	Occupational Therapy					6 CL
						D
7.	Signature o	of a manager, member, or an orga	nizer.	Sec	cretary of State use only	tary
Pri	Printed Name: Alicia Clancy					
Sig	nature:	willy				9.8 9.0
Prir	nted Name:					916
Sig	nature:					