



**CERTIFICATE OF ORGANIZATION FILED EFFECTIVE
PROFESSIONAL
LIMITED LIABILITY COMPANY**

2014 NOV 10 AM 9:30

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

1. The name of the professional limited liability company is:

Tahi Physical Therapy PLLC

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

3345 Merlin Drive, Suite 100 Idaho Falls, Idaho 83404

(Street Address)

(Mailing Address, if different than street address)

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

Jeremy Tahi Brown

(Name)

3345 Merlin Drive Suite 100, Idaho Falls, Idaho 83404

(Street Address)

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

Name

Address

Jeremy Tahi Brown

3345 Merlin Drive Suite 100, Idaho Falls, Idaho 83404

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

3345 Merlin Drive Suite 100, Idaho Falls, Idaho 83404

6. Future effective date of filing (optional): _____

7. 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: Physical Therapy

Signature of a manager, member or authorized person.

Signature

Jeremy Brown

Typed Name: Jeremy Tahi Brown

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

11/10/2014 05:00

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