



**CERTIFICATE OF ORGANIZATION
PROFESSIONAL
LIMITED LIABILITY COMPANY**

FILED EFFECTIVE

2014 AUG 29 AM 10:46

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Madison Therapy Services, PLLC

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

6206 N Discovery Way

(Street Address)

Boise, Idaho 83713

(Mailing Address, if different than street address)

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

Bradley Poole

(Name)

6206 N Discovery Way, Boise, Idaho 83713

(Street Address)

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

Name

Address

Riverside Rehabilitation, PLLC

PO Box 322, Rexburg, Idaho 83440

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

PO Box 322, Rexburg, Idaho 83440

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

Typed Name: Bradley Poole

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

08/29/2014 05:00

CK:1087 CT:298016 BH:1439374

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