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CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

2015 SEP 29 AM 10: 28

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed Complete and submit the application in <u>duplication</u>

SECHETARY OF STATE STATE OF IDAHO

The name of the professional limited to	liability company is:
Specialized Physical Therapy,	
upediai200 (hydrod (http://	
The complete street and mailing addre	esses of the principal office is:
1510 Golden Gate St Pocatello	
(Street Address)	
(Mailing Address, if different)	
Name and street address of registere	d agent in Idaho:
Shawn Robert Higbee	1510 Golden Gate St Pocatello, ID 83201
(Name)	(Address)
The name and address of at least one	e governor of the limited liability company:
Shawn Robert Higbee	1510 Golden Gate St Pocatello, ID 83201
(Name)	(Address)
(Name)	(Address)
(Name)	(Address)
(Name)	(Address)
Mailing address for future correspond	lence (annual report notices):
Mailing address for future correspond 1510 Golden Gate St Pocatello	lence (annual report notices):
Mailing address for future correspond	lence (annual report notices):
Mailing address for future correspond 1510 Golden Gate St Pocatello (Address)	lence (annual report notices): , ID 83201
Mailing address for future correspond 1510 Golden Gate St Pocatello (Address)	lence (annual report notices): , ID 83201 essional company, and the principal profession or professions for which members are
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