



**CERTIFICATE OF ORGANIZATION
PROFESSIONAL
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

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

Body Wise Physical Therapy, PLLC

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

9483 W. Shelborne Drive, Boise, ID 83709

(Street Address)

(Mailing Address, if different than street address)

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

Douglas W. Hoggatt

9483 W. Shelborne Drive, Boise, ID 83709

(Name)

(Street Address)

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

Name

Address

Douglas W. Hoggatt

9483 W. Shelborne Drive, Boise, ID 83709

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

9483 W. Shelborne Drive, Boise, ID 83709

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: _____

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Revised 07/2008

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04/21/2010 05:00
CK: 423612 CT: 172099 BH: 1218766
1 @ 100.00 = 100.00 PROF LLC # 2

Signature Douglas W. Hoggatt

Typed Name: Douglas W. Hoggatt

Signature _____

Typed Name: _____