



**CERTIFICATE OF ORGANIZATION  
PROFESSIONAL  
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

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

CORRECTIVE MOTION, PLLC

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

12840 LAKECREST DRIVE, NAMPA, ID 83686  
(Street Address)

(Mailing Address, if different than street address)

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

CHRISTOPHER LONGHEED  
(Name)

12840 LAKECREST DRIVE, NAMPA, ID 83686  
(Street Address)

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

Name	Address
<u>CHRISTOPHER LONGHEED</u>	<u>12840 LAKECREST DRIVE, NAMPA, ID 83686</u>

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

12840 LAKECREST DRIVE, NAMPA, ID 83686

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 , DPT

Typed Name: CHRISTOPHER J. LONGHEED, DPT

Signature \_\_\_\_\_

Typed Name: \_\_\_\_\_

Secretary of State use only

IDaho SECRETARY OF STATE

06/02/2014 05:00

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1@ 100.00 = 100.00 PROF LLC #2

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