



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE
2014 JUN -2 AM 9:58

**SECRETARY OF STATE
STATE OF IDAHO**

(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

(Street Address)

83686

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

Name

Address

CHRISTOPHER LONGHEED

12840 LAKECREST DRIVE, NAMPA, ID

83686

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 CL, DPT

Typed Name: CHRISTOPHER J. LONGHEED, DPT

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/02/2014 05:00

CK:139 CT:297484 BH:1427204

10 100.00 = 100.00 PROF LLC #2

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