



# **CERTIFICATE OF ORGANIZATION FILED EFFECTIVE** **PROFESSIONAL** **LIMITED LIABILITY COMPANY**

2014 OCT -9 AM 8:54

SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

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

Precision Performance and Therapy, P.L.L.C.

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

8950 W Emerald St, Boise, ID 83704

(Street Address)

4619 W Steeplechase Dr, Meridian, ID 83646

(Mailing Address, if different than street address)

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

Christopher Hansen

(Name)

4619 W Steeplechase Dr, Meridian, ID 83646

(Street Address)

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

**Name**

**Address**

Christopher Hansen

4619 W Steeplechase Dr, Meridian, ID 83646

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

4619 W Steeplechase Dr, Meridian, ID 83646

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 Chris Hansen

Typed Name: Christopher Hansen

Signature \_\_\_\_\_

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

Secretary of State use only

IDAHO SECRETARY OF STATE

10/09/2014 05:00

CK: 6051 CT: 301983 BH: 1444553

1@ 100.00 = 100.00 PROF LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

W1143051