



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

2016 MAY 18 AM 9:13

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:
Thrive Physical Therapy LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC.)

2. The complete street and mailing addresses of the principal office is:
768 N. 4th Ave Bellevue, ID 83313

(Street Address)

PO Box 409 Bellevue, ID 83313-5156

(Mailing Address, if different)

3. The name of the registered agent and the street address of the registered agent:
Vanessa Scifres 768 N. 4th Ave Bellevue, ID 83313-5156

(Name)

(Address cannot be a post office box or postal mail box.)

4. The name and address of at least one governor of the limited liability company:
Vanessa Scifres 768 N. 4th Ave Bellevue, ID 83313-5156

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

5. Mailing address for future correspondence (annual report notices):
PO Box 409 Bellevue, ID 83313

(Address)

Signature of organizer(s).

Signature:

Printed Name:

VANESSA A. SCIFRES

Signature:

Printed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

05/18/2016 05:00

CK:1032 CT:324547 BH:1529088

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