



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

2014 SEP 17 AM 8:37

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Hall Speech Therapy Services LLC

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

4908 Brookstone Ave. Chubbuck, Id. 83202

(Street Address)

(Mailing Address, if different than street address)

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

Chalyse Hall

(Name)

4908 Brookstone Ave. Chubbuck, Id. 83202

(Street Address)

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

Chalyse Hall

Name

4908 Brookstone Ave. Chubbuck, Id.

Address

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

4908 Brookstone Ave. Chubbuck, Idaho 83202

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: _____

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/17/2014 05:00

CK:2104 CT:301230 BH:1441650

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