



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

12 JUN 23 AM 10:05

(Instructions on back of application)

 SECRETARY OF STATE
STATE OF IDAHO

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

Mountain Integrated Therapy, PLLC

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

8th South State St. Preston, Idaho 83263

(Street Address)

(Mailing Address, if different than street address)

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

Douglas P. Cox

(Name)

8th S. State St. Preston, Idaho 83263

(Street Address)

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

Name
Address
Emily C. Cox
1592 E. 1220 N. Logan, Utah 84341

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

8th South State St. Preston, Idaho 83263

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

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.

Secretary of State use only

Signature

 Typed Name: Douglas P. Cox

Signature

 Typed Name: Emily C. Cox

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