

CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

10 DEC -2 AM 8: 30

1.	(Instructions on back of application) The name of the professional limited liability company is:		SECRETARY OF STATE STATE OF IDAHO
	Kelly Sadauckas, PLLC		
2. The complete street and mailing addresses of the initia			ed/principal office:
	442 Forest View Dr, Driggs, ID 83422 (Street Address)		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Kelly Sadauckas	442 Forest View Dr, Driggs, ID	33422
	(Name)	(Street Address)	
	The name and address of at least one member or manager of the professional limited liability company:		
	Name Kelly Sadauckas	Address	
	Kelly Sauauckas	442 Forest View Dr, Driggs, ID 8	33424
	. h		
5. I	Mailing address for future correspondence (annual report notices): 442 Forest View Dr., Driggs, ID 83422		
6. F	Future effective date of filing (optiona	il):	
ŗ	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		
Signa	ature of a manager, member or a	uthorized	
perac		Secre	tary of State use only
Signa	ature W. Madawckeen		
Туре	d Name: Kelly P Sadaucko	<u> </u>	
Signa	ature		IDAHO SECRETARY OF STATE
Туре	d Name:	Ç	12/02/2010 05:00 K: 1169 CT: 253192 BH: 12491

CK: 1169 CT: 253192 BM: 1249177 1 0 100.00 = 100.00 PROF LLC # 2