



CERTIFICATE OF ORGANIZATION
PROFESSIONAL
LIMITED LIABILITY COMPANY

2015 APR -6 AM 9:51

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Therapy Works, PLLC

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

3600 Country Club Drive, Lewiston, Idaho 83501

(Street Address)

(Mailing Address, if different than street address)

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

Jaclyn Chavez

(Name)

3600 Country Club Drive, Lewiston, ID 83501

(Street Address)

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

Name

Address

Jaclyn Chavez

3600 County Club Drive, Lewiston, ID 83501

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

3600 Country Club Drive, Lewiston, Idaho 83501

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: Occupational Therapist

Signature of a manager, member or authorized person.

Signature Jaclyn Chavez

Typed Name: Jaclyn Chavez

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

04/06/2015 05:00

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