



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
2015 MAR -9 AM 10:10
SECRETARY OF STATE
STATE OF IDAHO

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

Wright Physical Therapy Professionals, PLLC

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

1444 Falls Ave E, Twin Falls, ID 83301

(Street Address)

(Mailing Address, if different than street address)

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

Bryan Wright

(Name)

1444 Falls Ave E, Twin Falls, ID 83301

(Street Address)

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

Name

Address

Live Wright, PA

1444 Falls Ave E, Twin Falls, ID 83301

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

1444 Falls Ave E, Twin Falls, ID 83301

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: Physical Therapy

Signature of a manager, member or authorized person.

Signature

Typed Name:

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

03/09/2015 05:00

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