



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00 typed, \$120 not typed

Complete and submit the application in duplicate.

**FILED EFFECTIVE**

2018 SEP -5 AM 11:32

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:  
**Jennifer Thomsen Physical Therapy, LLC**

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LO)

2. The complete street and mailing addresses of the principal office is:  
**951 E. Front St. Apt 213 Boise, ID 83712**

(Street Address)

(Mailing Address, if different)

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

**Dr. Jennifer Thomsen** **951 E. Front St. Apt 213 Boise, ID 83712**

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

**Dr. Jennifer Thomsen** **951 E. Front St. Apt 213 Boise, ID 83712**

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

**951 E. Front St. Apt 213 Boise, ID 83712**

(Address)

Signature of organizer(s).

Printed Name: **Dr. Jennifer Thomsen DPT, PT**

Signature: *Dr. Jennifer Thomsen* **DPT, PT**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

**09/05/2018 05:00**

CK:20080276 CT:172099 BH:1662455

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