## 

To the Secretary or State of Idaho, Statehouse, Boise, Idaho 83720



38.86 = 38.88 ORGAN AMEN # 2

MILOS

1.	The name of the professional limited 1:	iability company is: SOUTHERN IDAHO	
	THERAPY SERVICES, P.L.L.C.		
2.			
	COMPLETE ONLY THE APPLICABLE ITE	<u>EMS</u>	
3.	The name of the registered agent at that address is: Scott R. Bloxham		
4.	The latest date certain upon which the limi read:	ited liability company will dissolve is amended to	
conti	The management of the professional limited liabilit company shall henceforth tinue to be Manager(s) Members.  The name(s) and address(es) ofall the members are:		
	Name:	Addrèss:	
	Scott R. Bloxham	545 Cedar Drive, Burley, Idaho 83318	
	Jerry L. Aiken 2	2523 9th Ave. East, Twin Falls, Idaho 83301	
6.	Signatures of all members		
	Signature	<u>Capacity</u>	
	And Buy	Member	
	Scott R. Bloxham	Member	
	Jerry L. Aiken	IDANO SECRETARY OF STATE	
		1 <b>256626</b> / 1582 36 <b>40 : 20</b> CK: 31413 CT: 2288 BN: 256638	