



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

2016 OCT 20 AM 9:18

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

NORTH IDAHO OCCUPATIONAL THERAPY LLC

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

2. The complete street and mailing addresses of the principal office is:

516493 HWY 95 BONNERS FERRY ID 83805

(Street Address)

516493 HWY 95 BONNERS FERRY ID 83805

(Mailing Address, if different)

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

STACEE N DINEEN

516493 HWY 95 BONNERS FERRY ID 83805

(Name)

(Address cannot be a post office box or postal mail box.)

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

STACEE N DINEEN

516493 HWY 95 BONNERS FERRY ID 83805

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

516493 HWY 95 BONNERS FERRY ID 83805

(Address)

Signature of organizer(s).

Signature: *Stacey N Dineen*

Printed Name: STACEE N DINEEN

Signature: _____

Printed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

10/20/2016 05:00

CK:1340 CT:330308 BH:1551647
1@ 100.00 = 100.00 ORGAN LLC #2

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