

Typed Name: Kristin Negilski

Signature _____

Typed Name: _____

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 SEP 21 AM 9: 47

١.	The name of the limited liability cor	mpany is:	STATE OF IDAHO
	Calico Pe	ediatric Therapy Center LLC	
2.	The complete street and mailing ad 1650 N Hilton St. Boise, Idaho 83706	dresses of the initial de	signated/principal office:
	(Street Address) 4145 Willow Creek Eagle, ID 83616		
	(Mailing Address, if different than street address)		
3.	The name and complete street address of the registered agent:		
	Kristin Negilski	4145 Willow Creek Rd Ea	gle, ID 83616
	(Name)	(Street Address)	
	company: <u>Name</u>		Address
	<u>Name</u>	E	<u>Address</u>
	Kristin Negilski	4145 Willow Creek Rd, E	agle, ID 83616
	Marcia Swain	7763 W Mooserun Ct, Boise, ID 83704	
		-, ,_	
		 	
			······
5.	Mailing address for future correspondence (annual report notices):		
	4145 Willow Creek Eagle, ID 83616		
5.	Future effective date of filing (option	nal):	
	nature of a manager, member or	authorized	
	son. nature Kwithi Neuth		Secretary of State use only

IDAHO SECRETARY OF STATE
09/21/2011 05:00
CX: 789041 CT: 172099 BH: 1291217
1 @ 100.00 = 100.00 ORGAN LLC # 6

W/06859