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**CERTIFICATE OF ORGANIZATION
PROFESSIONAL
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

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

Axiom Physical Therapy PLLC

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

555 Juniper Ct, Shelley ID, 83274

(Street Address)

(Mailing Address, if different than street address)

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

Zachary Daniels

(Name)

555 Juniper Ct, Shelley ID, 83274

(Street Address)

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

Name

Zachary Daniels

Address

555 Juniper Ct, Shelley ID, 83274

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

555 Juniper Ct, Shelley ID, 83274

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: Zachary Daniels

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

03/10/2015 05:00

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