



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2013 OCT 10 AM 9:08

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Southern Idaho Physical Therapy LLC

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

738 N. College Rd Suite C, Twin Falls ID 83301
(Street Address)

(Mailing Address, if different than street address)

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

TARA Buettnier
(Name)

1011 Kelly Ave, Kimberly ID 83341
(Street Address)

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

Name

Address

Tara Buettnier

1011 Kelly Ave Kimberly ID 83341

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

1011 Kelly Ave Kimberly ID 83341

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Tara Buettnier

Typed Name:

TARA Buettnier

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
10/10/2013 05:00
CK: 1002 CT: 288451 BH: 1393568
1 @ 100.00 = 100.00 ORGAN LLC # 2

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