



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed).

For Office Use Only

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

Elevate Pediatric Physical Therapy, PLLC

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

1166 W. Albert Street, Boise, ID 83706

(Street Address)

(Mailing Address, if different)

3. Name and street address of registered agent in Idaho:

Alicyn Turner

1166 W. Albert Street, Boise, ID 83706

(Name)

(Address)

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

Alicyn Turner

1166 W. Albert Street, Boise, ID 83706

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

1166 W. Albert Street, Boise, ID 83706

(Mailing Address)

6. 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

7. Signature of a manager, member, or an organizer.

Printed Name: Alicyn Turner

Signature: 

Printed Name: _____

Signature: _____

Secretary of State use only