



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 SEP -7 AM 9:05

1. The name of the limited liability company is:

Nancy Inaba, Occupational Therapist, LLC.

SECRETARY OF STATE
STATE OF IDAHO

2. The complete street and mailing addresses of the initial designated/principal office:
3224 Whitman Dr. Boise, Idaho, 83716

(Street Address)

(Mailing Address, if different than street address)

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

Nancy S. Inaba

(Name)

3224 Whitman Dr., Boise, Idaho

(Street Address)

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

Name
Nancy S. Inaba

Address

3224 Whitman Dr., Boise Idaho

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

3224 Whitman Dr., Boise, Idaho, 83716

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Nancy S. Inaba

Secretary of State use only

Signature

Typed Name:

IDAHO SECRETARY OF STATE
09/07/2010 05:00
CK: 1745 CT: 228140 BH: 1237718
1 E 100.00 = 100.00 ORGAN LLC # 2
1 E 28.00 = 28.00 EXPEDITE C # 3