

FILED EFFECTIVE

251



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2011 MAR -1 AM 11:56

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

PARADIGM THERAPY SERVICES, LLC

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

6885 EAST RIMROCK DR IDAHO FALLS, ID 83406

(Street Address)

(Mailing Address, if different than street address)

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

BRENT GRIFFETH

(Name)

6885 EAST RIMROCK DR IDAHO FALLS, ID 83406

(Street Address)

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

Name**Address**

BRENT GRIFFETH

6885 EAST RIMROCK DR IDAHO FALLS, ID 83406

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

3456 E 17TH #140 AMMON, ID 83406

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

Signature of a manager, member or authorized person.

Signature *Brent Griffeth*

Typed Name: BRENT GRIFFETH

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
 03/01/2011 05:00
 CK: 617917 CT: 172099 BH: 1262153
 1 @ 100.00 = 100.00 ORGAN LLC # 2
 1 @ 20.00 = 20.00 EXPEDITE C # 3

can_org_llc Rev. 07/2010

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