

# ARTICLES OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

(Instructions on back of application)

ORIGINAL



FILED

1. The name of the professional limited liability company is: RehabAuthority, PLLC
2. The professional limited liability company is organized for the practice of the profession(s) of: physical therapy
3. The address of the initial registered office is 1615 Twelfth Avenue Road,  

(not a PO Box)

Suite B, Nampa, Idaho, 83686, and the name of the  
 initial registered agent at that address is Kevin Hulsey  
 Signature of registered agent: Keri Hulsey
4. Is management of the limited liability company vested in a manager or managers?  

☒ Yes
☐ No

(check appropriate box)
5. If management is vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is vested in the members, list the name(s) and address(es) of at least one member.

Name:

Address:

Kevin Hulsey

1615 Twelfth Avenue Road, Suite B  
Nampa, Idaho 83686

6. Signature(s) of at least one person listed in #6 above:

KEVIN HULSEY, Manager

IDAHO SECRETARY OF STATE only

04/28/1999 09:00  
 CX: 7395 CT: 75532 DH: 211605

1 @ 100.00 = 100.00 PROF LLC # 2

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