



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 JUN 26 AM 9:02

1. The name of the limited liability company is:

Kobetsky Therapy LLC SECRETARY OF STATE
STATE OF IDAHO

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

882 Teague Ave Driggs ID 83422
(Street Address)

PO Box 693 Driggs ID 83422
(Mailing Address, if different than street address)

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

Annie Kobetsky 882 Teague Ave Driggs
(Name) (Street Address)
ID 83422

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

Name	Address
<u>Annie Kobetsky</u>	<u>882 Teague Ave Driggs ID 83422</u>
_____	_____
_____	_____
_____	_____

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

PO Box 693 Driggs ID 83422

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

Signature of a manager, member or authorized person.

Signature [Signature]

Typed Name: Annie Kobetsky

Signature [Signature]

Typed Name: Annie Kobetsky

Secretary of State use only

IDAHO SECRETARY OF STATE
06/26/2013 05:00
CK: 1005 CT: 204733 BH: 1379769
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