



# CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in **duplicate**.

**FILED EFFECTIVE**

**2018 SEP 12 PM 12:31**

**SECRETARY OF STATE  
STATE OF IDAHO**

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

**Pick PT, LLC**

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

**526 First American Circle, Suite B 83440 Rexburg, ID**

(Street Address)

(Mailing Address, if different)

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

**Craig Sherle 4056 W Bavaria Street, Eagle ID 83616**

(Name)

(Address)

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

**US Healthcare Partners LLC 4056 W Bavaria Street Eagle, ID 83616**

(Name)

(Address)

**Craig Sherle 4056 W Bavaria Street Eagle, ID 83616**

(Name)

(Address)

(Name)

(Address)

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

**4056 W Bavaria Street, Eagle ID 83616**

(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: **Craig Sherle**

Signature:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE

**09/12/2018 05:00**

CK:1078 CT:363345 BH:1663715

10 100.00 = 100.00 PROF LLC #2

10 20.00 = 20.00 EXPEDITE C #3

**W 208256**