



AMENDMENT TO CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

2015 JAN -6 PM 2:41

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

1. The name of the limited liability company is:

Madison Physical Therapy and Wound Clinic, PLLC

2. The name of the limited liability company is amended to read:

Madison Physical Therapy and Wound Center, PLLC

3. The date the certificate of organization was originally filed : 8/29/14

4. The complete street and mailing addresses of the designated principal office is amended to:

1 professional plaza, Rexburg, Id. 83440

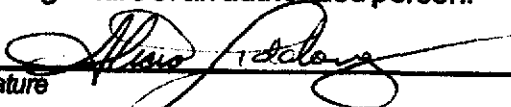
5. The mailing address for future correspondence (annual reports) is amended to:

1 professional plaza, Rexburg, ID 83440

6. The name and address of the managers/members shall be amended as follows:

Name	Address	Add	Delete	Other
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

7. Signature of an authorized person.

Signature 
Alicia Siddoway

Typed Name

Signature

Typed Name

IDAHO SECRETARY OF STATE

8/29/2014 05:00

CK:2476972 CT:172099 BH:1455787
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