



**CERTIFICATE OF ORGANIZATION  
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

11 OCT 27 AM 8:37

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

MT THERAPY LLC

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

256 NORTH 11TH, POCA TELLO, ID 83201

**(Street Address)**

(Mailing Address, if different than street address)

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

MEGAN J TOUPIN

(Name)

256 NORTH 11TH, POCA TELLO, ID 83201

(Street Address)

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

**Name**

**Address**

MEGAN J TOUPIN

256 NORTH 11TH, POCA TELLO, ID 83201

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

256 NORTH 11TH, POCA TELLO, ID 83201

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

**Signature:**

Typed Name: MEGAN J TOUPIN

**Signature**

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
 10/27/2011 05:00  
 CK: 14379351102 CT: 263662 DH: 1295706  
 1 @ 100.00 = 100.00 ORGAN LLC # 2  
 1 @ 20.00 = 20.00 EXPEDITE C # 3

W/07792