



# 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**

2016 OCT -4 AM 8:46

SECRETARY OF STATE  
STATE OF IDAHO

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

**Norris Physical Therapy PLLC**

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

**3707 N. 4100 E. Hansen, ID 83334**

(Street Address)

(Mailing Address, if different)

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

**Rebecca Norris**

**3707 N. 4100 E. Hansen, ID 83334**

(Name)

(Address)

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

**Gregory Norris**

**3707 N. 4100 E. Hansen, ID 83334**

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

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

**3707 N. 4100 E. Hansen, ID 83334**

(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.

**Gregory Norris**

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

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

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

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

Secretary of State use only

IDAHO SECRETARY OF STATE

**10/04/2016 05:00**

CK:176 CT:329774 BH:1549319

1@ 100.00 = 100.00 PROF LLC #2

1@ 20.00 = 20.00 EXPEDITE C #3

**W 172321**