



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE PROFESSIONAL LIMITED LIABILITY COMPANY

2014 JUN -5 AM 10: 03

SECRETARY OF STATE
STATE OF IDAHO

(Instructions on back of application)

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

Revive Therapeutic, PLLC

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

595 N. Flagstone Ln. Eagle, ID 83616

(Street Address)

(Mailing Address, if different than street address)

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

Lindsey Lonseth

(Name)

5924 N Cobbler Ln. Boise, ID 83703

(Street Address)

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

Name

Address

Lindsey Lonseth

5924 N Cobbler Ln. Boise, ID 83703

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

5924 N. Cobbler Ln. Boise, ID 83703

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

7. 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: Occupational Therapy

Signature of a manager, member or authorized person.

Signature

Lindsey Lonseth MOTR/L

Typed Name: Lindsey Lonseth

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

06/05/2014 05:00

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