



0005194403

**STATE OF IDAHO**

Office of the secretary of state, Phil McGrane

**CERTIFICATE OF ORGANIZATION LIMITED  
LIABILITY COMPANY**

Idaho Secretary of State

PO Box 83720

Boise, ID 83720-0080

(208) 334-2301

Filing Fee: \$100.00

For Office Use Only

**-FILED-**

File #: 0005194403

Date Filed: 4/11/2023 6:46:22 AM

| Certificate of Organization Limited Liability Company                                                                                                                            |                                                                                                                                                              |      |         |                     |                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|---------------------|-------------------------------------|
| Select one: Standard, Expedited or Same Day Service (see descriptions below)      Standard (filing fee \$100)                                                                    |                                                                                                                                                              |      |         |                     |                                     |
| 1. Limited Liability Company Name                                                                                                                                                |                                                                                                                                                              |      |         |                     |                                     |
| Type of Limited Liability Company                                                                                                                                                | Professional Limited Liability Company                                                                                                                       |      |         |                     |                                     |
| Entity name                                                                                                                                                                      | Armstrong Physical Therapy PLLC                                                                                                                              |      |         |                     |                                     |
| Profession                                                                                                                                                                       |                                                                                                                                                              |      |         |                     |                                     |
| The business is organized to practice the profession of:                                                                                                                         | Physical Therapy                                                                                                                                             |      |         |                     |                                     |
| 2. The complete street address of the principal office is:                                                                                                                       |                                                                                                                                                              |      |         |                     |                                     |
| Principal Office Address                                                                                                                                                         | 671 CD OLENA DR<br>HAILEY, ID 83333                                                                                                                          |      |         |                     |                                     |
| 3. The mailing address of the principal office is:                                                                                                                               |                                                                                                                                                              |      |         |                     |                                     |
| Mailing Address                                                                                                                                                                  | 671 CD OLENA DR<br>HAILEY, ID 83333-5243                                                                                                                     |      |         |                     |                                     |
| 4. Registered Agent Name and Address                                                                                                                                             |                                                                                                                                                              |      |         |                     |                                     |
| Registered Agent                                                                                                                                                                 | Registered Agent<br>SARAH ARMSTRONG<br>Physical Address:<br>671 CD OLENA<br>HAILEY, ID 83333<br>Mailing Address:<br>671 CD OLENA DR<br>HAILEY, ID 83333-5243 |      |         |                     |                                     |
| <input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.                                     |                                                                                                                                                              |      |         |                     |                                     |
| 5. Governors                                                                                                                                                                     |                                                                                                                                                              |      |         |                     |                                     |
| <table border="1"><thead><tr><th>Name</th><th>Address</th></tr></thead><tbody><tr><td>Sarah Armstrong DPT</td><td>671 CD OLENA DR<br/>HAILEY, ID 83333</td></tr></tbody></table> |                                                                                                                                                              | Name | Address | Sarah Armstrong DPT | 671 CD OLENA DR<br>HAILEY, ID 83333 |
| Name                                                                                                                                                                             | Address                                                                                                                                                      |      |         |                     |                                     |
| Sarah Armstrong DPT                                                                                                                                                              | 671 CD OLENA DR<br>HAILEY, ID 83333                                                                                                                          |      |         |                     |                                     |
| Signature of Organizer:                                                                                                                                                          |                                                                                                                                                              |      |         |                     |                                     |
| <u>SARAH ARMSTRONG</u>                                                                                                                                                           | <u>04/11/2023</u>                                                                                                                                            |      |         |                     |                                     |
| Sign Here                                                                                                                                                                        | Date                                                                                                                                                         |      |         |                     |                                     |

B07933-0373 04/11/2023 6:49 AM Received by Office of the Idaho Secretary of State