



# CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2015 JUN -1 AM 9:27

SECRETARY OF STATE  
STATE OF IDAHO

(Instructions on back of application)

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

MAC Physical Therapy, PLLC

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

927 E. Polston Suite 201

(Street Address)

Post Falls, Id 83854

(Mailing Address, if different than street address)

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

Shawn Moehring

(Name)

1521 E. Woodland Dr., Dalton Gardens, ID 83815

(Street Address)

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

**Name**

**Address**

Shawn Moehring

1521 E. Woodland Dr., Dalton Gardens, ID 83815

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

927 E. Polston Suite 201, Post Falls, ID 83815

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: Physical Therapy

Signature of a manager, member or authorized person.

Signature

Typed Name: Shawn Moehring

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

06/01/2015 05:00

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