







## STATE OF IDAHO

Office of the secretary of state, Lawerence Denney 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 #: 0004927662

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Certificate of Organization Limited Liability Company Select one: Standard, Expedited or Same Day S descriptions below)	ervice (see Expedited (+\$40; filing fee \$140)
1. Limited Liability Company Name	
Type of Limited Liability Company	Limited Liability Company
Entity name	Anderson Physical Therapy LLC
2. The complete street address of the principal office is:	
Principal Office Address	ANGELA ANDERSON
	290 EDMO ROAD
	POCATELLO, ID 83202
3. The mailing address of the principal office is:	
Mailing Address	ANGELA ANDERSON
	290 EDMO RD POCATELLO, ID 83202-7033
	POCATELLO, ID 63202-7033
4. Registered Agent Name and Address	
Registered Agent	Registered Agent
	Angela B Anderson
	Physical Address: 290 EDMO ROAD
	POCATELLO, ID 83202
	Mailing Address:
	290 EDMO RD
	POCATELLO, ID 83202-7033
I affirm that the registered agent appointed h	as consented to serve as registered agent for this entity.
5. Governors	
Name	Address
Angela B Anderson	290 EDMO ROAD POCATELLO, ID 83202
Signature of Organizer:	
Angela Anderson	09/29/2022
Sign Here	Date