







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 #: 0003999346

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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		Elevate Physical Therapy PLLC	
Profession			
The business is organized to practice the profession of:		Physical Therapy	
The complete street address of the principal office is: Principal Office Address		BRYAN WRIGHT 4086 QUAIL RIDGE DR. KIMBERLY, ID 83341	
3. The mailing address of the principal office is:			
Mailing Address		4086 QUAIL RIDGE DR KIMBERLY, ID 83341-4009	
4. Registered Agent Name and Address			
Registered Agent		Registered Agent Bryan Wright Physical Address: 4086 QUAIL RIDGE DR. KIMBERLY, ID 83341 Mailing Address:	
		4086 QUAIL RIDGE DR KIMBERLY, ID 83341-4009	
☐ I affirm that the registered agent appoir	ited has consented t	o serve as registered agent for this entity.	
5. Governors			
Name	Address		
Bryan Wright	4086 QUAIL RIDGE DR. KIMBERLY, ID 83341		
Signature of Organizer:			
Bryan Wright		09/08/202	20
Sign Here		Date	