



CERTIFICATE OF ORGANIZATION **FILED EFFECTIVE**
PROFESSIONAL
LIMITED LIABILITY COMPANY

(Instructions on back of application)

2013 FEB - 1 AM 9:16

1. The name of the professional limited liability company

New Horizons Mental Wellness Clinics PLLC

SECRETARY OF STATE
STATE OF IDAHO

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

417 E. Park, American Falls, ID 83211

(Street Address)

(Mailing Address, if different than street address)

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

Darrin Robertson

(Name)

417 E. Park, American Falls, ID 83211

(Street Address)

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

Name

Darrin Robertson

Address

417 E. Park, American Falls, ID 83211

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

417 E. Park, American Falls, ID 83211

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: Psychiatric and Mental Health Nurse Practitioner

Signature of a manager, member or authorized person:

Signature

Secretary of State use only

Typed Name: Darrin Robertson

Signature

Typed Name:

IDAHO SECRETARY OF STATE
02/01/2013 05:00
 CK: 934 CT: 278887 BH: 1358366
 1 @ 100.00 = 100.00 PROF LLC # 2

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