



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

FILED EFFECTIVE

2013 FEB -1 AM 9:16

(Instructions on back of application)

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

New Horizons Mental Wellness Clinics PLLC

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

Address

Darrin Robertson

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

Darrin Robertson

Typed Name: Darrin Robertson

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

02/01/2013 05:00

CK: 934 CT: 278887 BH: 1358366

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