



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 OCT 17 AM 9:22

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

TETON OUTPATIENT, LLC

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

403 FIRST ST., IDAHO FALLS, ID 83401

(Street Address)

(Mailing Address, if different than street address)

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

JAKE BRYAN

(Name)

403 FIRST ST., IDAHO FALLS, ID 83401

(Street Address)

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

Name

Address

JAKE BRYAN

403 FIRST ST., IDAHO FALLS, ID 83401

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

403 FIRST ST., IDAHO FALLS, ID 83401

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Jacob R. Bryan

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/17/2011 05:00
CK: 1168 CT: 263358 BH: 1294584
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