83713

# State of Idaho

## Department of State

AMENDED CERTIFICATE OF AUTHORITY
OF

#### PSYCHIATRIC INSTITUTES OF AMERICA

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of an Application of PSYCHIATRIC INSTITUTES OF AMERICA for an Amended Certificate of Authority to transact business in this State, duly signed and verified pursuant to the provisions of the Idaho Business Corporation Act, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Amended Certificate of Authority to NME PSYCHIATRIC HOSPITALS, INC. to transact business in this State under the name NME PSYCHIATRIC HOSPITALS, INC. and attach hereto a duplicate original of the Application for such Amended Certificate.

Dated: September 10, 1992



Tite of Cenarrusa SECRETARY OF STATE

By they I Clark

## APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

	the Secretary of State of the State of Idaho:  Pursuant to Section 30-1-118, Idaho Code, the undersigned corporation hereby applies for an August 1985 of STATE of ST			
	cate of authority to transact business in the State of Idaho and for the purpose submits the oblious STATE OF 10410 18	ving :	statement.	
1.	A Certificate of Authority was issued to the corporation by your office on		•	
	19 87, authorizing it to transact business in the State of Idaho under the name of			
	Psychiatric Institutes of America		, ,	
2.	Its corporate name has been changed to	.s	<b>L</b> a	
	NME Psychiatric Hospitals, Inc.	536		
	(Note: If the corporation name has not been changed, insert "No change.")	ORETARY		
_		PY	C	
3.	The name which it shall use hereafter in the State of Idaho is	<del></del>	<u> </u>	
	NME Psychiatric Hospitals, Inc.	115	3	
4. It desires to pursue in the transaction of business in the State of Idaho purposes other than ito those set forth in its prior application for certificate of authority, as follows:				
	(no change)			
		···· . <u> </u>		
	Alas If a different to the second of the sec		·	
	(Note: If no additional purposes are proposed, insert "No change.")			
Date	ed8/6/92			
NME Psychiatric Hospitals, Inc.				
Corporation Name)				
By Warcuse Vaver				
	Its President Vice President please spe	ecify)		
	and Ovancy Control			
	Its Secretary (Assistant Secretary) (please	e spe	cify)	
STA	TE OF			
COI	JNTY OF LOS ANGELES ) ss:			
COI	JN11 OF			
	I, Sibyl L. Doty , a notary public, do hereby certify	y tha	t on this	
	17th day of <u>August</u> , 19 <u>92</u> , person	ally :	appeared	
L - 6-	•	•		
Dero	re me Marcus E. Powers , who being by me first	duly	y sworn,	
decl	ared that (a)he is the Vice President of NME Psychiatric Hospi	tal	s, Inc.	
_				
	(g)he signed the foregoing document as		<del></del> ,	
that that	(g)he signed the foregoing document as of the coupling the statements therein contained are true.	грога	tion and	
	SIRVI L DOTY			
<b>3</b>	COMM. #967498 Notary Public Caffornia Notary Public		<del>(2011) 201 - 21 - 21</del>	
2 (J	LOS ANGELES COUNTY			

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The two copies. If a name change, attach certificate of fact from state of incorporation.

Fee: \$20

State of Delaware



SEC. OF STATE

### Office of Secretary of State

I. MICHAEL RATCHFORD, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "PSYCHIATRIC INSTITUTES OF AMERICA", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS CORPORATE TITLE TO "NME PSYCHIATRIC HOSPITALS, INC.", ON THE THIRTEENTH DAY OF APRIL, A.D. 1992, AT 9 O'CLOCK A.M.

\* \* \* \* \* \* \* \*



Authority Michael Ratchford, Secretary of State

AUTHENTICATION:

\*3574844

DATE:

08/31/1992