

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

7007 DEC 20 AM 9: 15

		!	Control Control	
1.	The name of the limited liability compa		STATE OF TOAKO	
MOUNTAIN RIVER MENTAL HEALTH, L.L.C.				
2.	The street address of the initial registered office is:			
	1820 E. 17TH, STE. #230, IDAHO FALLS, ID 83404			
	and the name of the initial registered agent at the above address is:			
	BRUCE HAMPTON			
3.	he mailing address for future correspondence is:			
	1820 E. 17TH, STE. #230, IDAHO FALLS, ID 83404			
4.	Management of the limited liability company will be vested in:			
	Manager(s) v or Member(s)	or Member(s) (please check the appropriate box)		
5. If management is to be vested in one or more manager(s), list the name(s) and			s), list the name(s) and	
	address(es) or at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.			
	• • •			
	Name			
	BRUCE HAMPTON	1820 E. 17TH, STE. #230, IDAHO FALLS, ID		
		83404		
6	Signature of at least one person respect	ongiste for forming	the limited liability company:	
Ο.	Signature of at least one person responsible for forming the limited liability company:			
	Typed Name: BRUCE HAMPTØN	spdru	Secretary of State use only	
	Typed Name: BRUCE HAMPTON Capacity: MANAGER Signature Typed Name:			
		artsofor		
	Signature	Sforms\ 37/2002	IDAHO SECRETARY OF STATE_	
	Typed Name:	forms/LLC forms	12/20/2002 05:0	
	Capacity:	corpyte R	1 0 100.00 = 100.00 ORGAN LLC	

W21920