



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application) DEC -3 AM 8:39

1. The name of the limited liability company is: Seasons of Hope Psychological Assessment and Treatment Center, LLC

2. The complete street and mailing addresses of the initial designated/principal office:
4650 Hawthorne Road Suite 3B, Chubbuck, ID 83202

(Street Address)

(Mailing Address, if different than street address)

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

Heath J. Sommer

(Name)

4650 Hawthorne Road Suite 3B, Chubbuck, ID 83202

(Street Address)

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

Name

Address

Heath J. Sommer

4650 Hawthorne Road Suite 3B, Chubbuck, ID 83202

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

4650 Hawthorne Road Suite 3B, Chubbuck, ID 83202

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

Signature of a manager, member or authorized person.

Signature

Typed Name: Heath J. Sommer

Signature

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/03/2010 05:00
CK: 1243 CT: 247442 BH: 1249386
1 @ 100.00 = 100.00 ORGAN LLC # 2

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