

# State of Idaho

Office of the Secretary of State

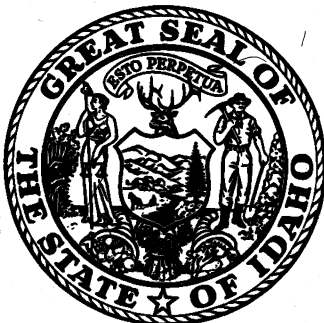
**CERTIFICATE OF AUTHORITY  
OF  
COMMUNITY MENTAL HEALTH SERVICES INC.**

File Number C 201930

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Business Corporation Act, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: April 21, 2014



*Ben Yursa*

SECRETARY OF STATE

By *Christina /ch*

FILED EFFECTIVE



# APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

2014 APR 21 PM 1:58

 SECRETARY OF STATE  
STATE OF IDAHO

The undersigned Corporation applies for a Certificate of Authority and states as follows:

- The name of the corporation is:  
Community Mental Health Services Inc.
- The name which it shall use in Idaho is: Community Mental Health Services Inc.
- It is incorporated under the laws of: Wyoming
- Its date of incorporation is: April<sup>30</sup>, 2009
- The address of its principal office is:  
720 E. Lander St., Pocatello, ID 83201
- The address to which correspondence should be addressed, if different from item 5, is:  
720 E. Lander St., Pocatello, ID 83201
- The street address of its registered office in Idaho is: 720 E. Lander St., Pocatello, ID 83201  
and its registered agent in Idaho at that address is: Steed Martin
- The names and respective business addresses of its directors and officers are:

| Name                | Title                 | Business Address                              |
|---------------------|-----------------------|---|
| <u>Steed Martin</u> | <u>Owner/Director</u> | <u>720 E. Lander St., Pocatello, ID 83201</u> |
| _____               | _____                 | _____   |
| _____               | _____                 | _____   |
| _____               | _____                 | _____   |
| _____               | _____                 | _____   |
| _____               | _____                 | _____   |

Dated: 4/16/2014

Signature: \_\_\_\_\_

Typed Name: Steed MartinCapacity: Director/Owner

[The signer must be a director or an officer of the corporation.]

Customer Acct # :

(if using pre-paid account)

Secretary of State use only

IDAHO SECRETARY OF STATE

04/21/2014 05:00

CK:5332 CT:295952 BH:1421276

10 100.00 = 100.00 AUTH PRO #2

 g:\com\formalcorp  
formalappforcertificateauthority\_profile.pmd  
Revised 08/2005

Web Form

C 201930

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

**Community Mental Health Services Inc.**


is a  
**Profit Corporation**

formed or qualified under the laws of Wyoming did on **April 30, 2009**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2009-000569155**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 17th day of April, 2014 at 12:19 PM. This certificate is assigned 015451527.



  
Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <http://wyobiz.wy.gov> and following the instructions displayed under Validate Certificate.