

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2012 NOV -8 AM 8: 44

SECRETARY OF STATE

1. The name of the limited liability company is:		STATE OF IDAHO
Psychiatric Services of Southeast Id	laho L.L.C.	
2. The complete street and mailin 2411 Jerome St. Pocatello, ID 8302 (Street Address)	=	l designated office:
(Mailing Address, if different than street address)		
3. The name and complete street	address of the registere	ed agent:
J'Dee Ryan Wilson 2411 Jerome St. Pocatello, ID 8		catello, ID 83201
(Name)	(Name) (Street Address)	
The name and address of at leacompany:	ast one member or man	ager of the limited liability
<u>Name</u>		Address
J'Dee Ryan Wilson	2411 Jerome St. Po	ocatello, ID 83201
		444
 Mailing address for future correct 2411 Jerome St. Pocatello, ID 832 		ort notices):
6. Future effective date of filing (c	optional): December 3, 201	2
Signature of a manager, member	er or authorized	
Signature Typed Name: J'Dee R. W		Secretary of State use only
Typed Name: J'Dee R. W	ilson	
		INAMA PERPETABLU DE STATE
Signature		IDAHO SECRETARY OF STATE 11/08/2012 05:00
Typed Name:		CK: 1056 CT: 276066 BH: 1346950 1 @ 100.00 = 100.00 ORGAN LLC # 2

W118856

Typed Name: