



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

2008 DEC -1 PM 2:30

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the professional limited liability company is:

Northwest Neurobehavioral Health, PLLC

2. The complete street and mailing addresses of the initial designated/principal office:

6003 Overland Rd, Suite 301 Boise, Idaho 83709

(Street Address)

(Mailing Address, if different than street address)

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

Trevor Hall, PsyD

(Name)

4744 West Miners Farm Drive Boise, ID 83714

(Street Address)

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

Name

Address

Trevor Hall, PsyD

4744 West Miners Farm Drive Boise, ID 83714

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

6003 Overland Rd, Suite 301 Boise, Idaho 83709

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

7. The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is: _____

Clinical Psychologist

Signature of an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Signature _____

Typed Name: _____ Trevor Hall

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
12/01/2008 05:00
CK: 3286 CT: 231888 BH: 1146480
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