

04/05/2010 14:28

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application) STATE OF IDA	HO
The name of the limited liability company is:	
Mental Health Specialists LLC.	
2. The complete street and mailing addresses of the initial designated/principal office	:
(Street Address)	
Chubbuck, ld 83202	
(Mailing Address, if different than street address)	
3. The name and complete street address of the registered agent:	
(Name) Grandle 771 Poncernd Chubfack ID	ह्य ३७००
 The пате and address of at least one member or manager of the limited liability company: 	
Name Address	
Richard Boyce 1518 Barch Road Porchello BU	1832p/
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	_
	_
5. Mailing address for future correspondence (annual report notices):	
771 Pinewood Chubback ID 83202	
6. Future effective date of filing (optional):	**:
•	7.6
Signature of organizer(s). (An organizer is a member, or is	
acting in behalf of a member or members). Secretary of State use only	,
Signature Schools	•
Typed Name:Shauen_Gravelle	
Signature	F STATE
Typed Name: Shauen Gravelle. Signature CK: 414657 CT: 172999 Typed Name: Lichard South 18 28 88 188 88 188 88 188 88 188 88 188 88	85:00 H: 121631
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