



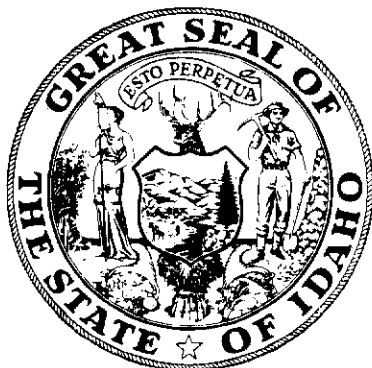
CERTIFICATE OF AUTHORITY
OF

POWDER BASIN PSYCHIATRIC ASSOCIATES, INC. (A PROFESSIONAL CORPORATION)

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of an Application of **POWDER BASIN PSYCHIATRIC ASSOCIATES, INC. (A PROFESSIONAL CORPORATION)** for a Certificate of Authority to transact business in this State, duly signed and verified pursuant to the provisions of the Idaho Business Corporation Act, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to **POWDER BASIN PSYCHIATRIC ASSOCIATES, INC. (A PROFESSIONAL CORPORATION)** to transact business in this State under the name **POWDER BASIN PSYCHIATRIC ASSOCIATES, INC. (A PROFESSIONAL CORPORATION)** and attach hereto a duplicate original of the Application for such Certificate.

Dated **March 26, 1987**



SECRETARY OF STATE

Corporation Clerk

APPLICATION FOR CERTIFICATE OF AUTHORITY

(Profit Corporation)

To the Secretary of State of Idaho

Pursuant to Section 30-1-110, Idaho Code, the undersigned Corporation hereby applies for a Certificate of Authority to transact business in your State, and for that purpose submits the following statement:

1. The name of the corporation is POWDER BASIN PSYCHIATRIC ASSOCIATES, INC.
(A PROFESSIONAL CORPORATION) 7B bp
2. The name which it shall use in Idaho is POWDER BASIN PSYCHIATRIC ASSOCIATES, INC.
(A PROFESSIONAL CORPORATION)
(To be used only when required to avoid a conflict with a name already on file. Must be accompanied by a Board of Directors resolution adopting assumed name in Idaho.)
3. It is incorporated under the laws of Wyoming 7B bp
4. The date of its incorporation is December 19, 1985 and the period of its duration is perpetual
5. The address of its principal office in the state or country under the laws of which it is incorporated is 400 S. Gillette Avenue, Gillette, Wyoming, 82716
6. The address to which correspondence should be addressed, if different from that in item 5.
PO Box 5008, Coeur d'Alene, ID 83814
7. The street address of its proposed registered office in Idaho is 2301 N. Ironwood Place,
Coeur d'Alene, Idaho 83814
, and the name of its proposed registered agent in Idaho at that address is BILLY O. BARCLAY
8. The purpose or purposes which it proposes to pursue in the transaction of business in Idaho are:
all lawful purposes including to allow duly licensed physician employees to practice medicine
9. The names and respective addresses of its directors and officers are:

Name	Office	Address
<u>BILLY O. BARCLAY</u>	<u>Director</u>	<u>PO Box 5008, Coeur d'Alene, ID 83814</u>
<u>BILLY O. BARCLAY</u>	<u>President</u>	<u>PO Box 5008, Coeur d'Alene, ID 83814</u>
<u>BETH JONES BARCLAY</u>	<u>Secretary</u>	<u>PO Box 5008, Coeur d'Alene, ID 83814</u>
<u></u>	<u></u>	<u></u>
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(continued on reverse)

Name	Office	Address

10. The corporation accepts and shall comply with the provisions of the Constitution and the laws of the State of Idaho.

11. This Application is accompanied by a certificate of Corporate Status or Existence, duly authenticated by the proper officer of the state or country under the laws of which it is incorporated.

Dated: February 2, 1987

POWDER BASIN PSYCHIATRIC ASSOCIATES, INC.

(Corporation Name)

By B. O. Barclay
Its President/ ~~Vice President~~ (please specify)

and Beth J. Barclay
Its Secretary/ ~~Assistant Secretary~~ (please specify)

STATE OF IDAHO)
) ss:
COUNTY OF Kootenai)

I, DONNA J. PHILLIPS, a notary public, do hereby certify that on this 2ND day of FEBRUARY, 19 87, personally appeared before me BILLY O. BARCLAY, who being by me first duly sworn, declared that (X) he is the President of POWDER BASIN PSYCHIATRIC ASSOCIATES, INC

that (X) he signed the foregoing document as President of the corporation and that the statements therein contained are true.

Donna J. Phillips
Notary Public
Residing at: Coeur d'Alene, Conn Exp: 2/91

State of Wyoming

37 FEB 27 1987



OFFICE OF THE SECRETARY OF STATE

United States of America, }
State of Wyoming } ss.

I, KATHY KARPAN, Secretary of State of the State of Wyoming, hereby certify that

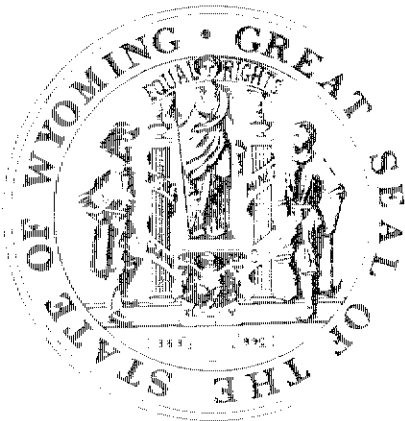
. . . POWDER BASIN PSYCHIATRIC ASSOCIATES, INC. (A PROFESSIONAL CORPORATION) . . .

a corporation organized under the laws of the state of Wyoming,
did on December 10, 1985, complete all filings required of a domestic
corporation to qualify under the corporation laws of the State of Wyoming.

I FURTHER CERTIFY that this corporation has filed all annual reports and paid all
annual license taxes to date and, accordingly, is in good standing in this state.

I FURTHER CERTIFY that this Certificate is not intended to reflect
the financial condition of this corporation since this information is not
available from the records of this Office.

IN TESTIMONY WHEREOF, I have hereunto set my hand
and affixed the Great Seal of the State of Wyoming. Done
at Cheyenne, the Capital, this tenth day of
March A.D. 19 87



Kathy Karpan
Secretary of State

By *Karen L. Wheeler*