



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

(Instructions on back of application)

OCT 11 AM 8:54

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Behavioral Treatment Center, LLC.

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

210 East Center Suite B.

(Street Address)

Pocatello, Idaho 83201

(Mailing Address, if different than street address)

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

Terri Muegerl

(Name)

210 East Center Suite B.

(Street Address)

Pocatello, Idaho 83201

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

Name

Address

Terri Muegerl

179 N. 695 W. Blackfoot, Idaho
83221

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

210 East Center Suite B. Pocatello, Idaho 83201

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

Signature of a manager, member or authorized person.

Signature Terri Muegerl
Typed Name: Terri Muegerl

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
10/11/2011 05:00
CK: 275 CT: 239985 BH: 1293778
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