



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.

FILED EFFECTIVE

2015 SEP -8 PM 4:42

SECRETARY OF STATE
STATE OF IDAHO

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

SNAKE RIVER MENTAL HEALTH AND WELLNESS PLLC

2. The complete street and mailing addresses of the principal office is:

3790 FOUNDERS POINTE DRIVE; AMMON, ID; 83406

(Street Address)

(Mailing Address, if different)

3. Name and street address of registered agent in Idaho:

KEVIN CLARK

(Name)

3790 FOUNDERS POINTE DRIVE

(Address)

AMMON, ID 83406

4. The name and address of at least one governor of the limited liability company:

KEVIN CLARK

(Name)

3790 FOUNDERS POINTE DRIVE

(Address)

AMMON, ID 83406

(Name)

(Address)

(Name)

(Address)

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

SAME AS ABOVE

(Address)

6. 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:

~~Architecture~~ MENTAL HEALTH - SOCIAL WORK

7. Signature of a manager, member, or an organizer.

Printed Name: KEVIN CLARK

Signature: Kevin Clark

IDAHO STATE LICENSE # LSW 29967

Printed Name: _____

Signature: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

09/08/2015 05:00

CK:1009 CT:298643 BH:1491364

1@ 100.00 = 100.00 PROF LLC #2

1@ 20.00 = 20.00 CORP SUR #3

W156016