252

Signature: \_\_

## CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

SECRETARY OF STATE
STATE OF IDAHO

W 203799

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed Complete and submit the application in duplicate

	Complete and submit	t the application in <u>duplicat</u>	<u>te</u> .	
I.	The name of the professional limited liability company is:  Steadfast Mental Health, PLLC  The complete street and mailing addresses of the principal office is:  3762 W. Vanderbilt Drive, Meridian, Idaho 83646			
2.				
	(Street Address)			
	(Mailing Address, if different)			
3.	Name and street address of registered agent <u>in Idaho</u> :			
	Sarah Trued	3762 W. Var	3762 W. Vanderbilt Drive, Meridian, Idaho 83646	
	(Name)	(Address)		
4.	The name and address of at least one governor of the limited liability company:			
	Sarah Trued	3762 W. Vanderbilt Drive, Meridian, Idaho 83646		
	(Name)	(Address)		
	(Name)	(Address)	·	
	(Name)	(Address)		
5,	Malling address for future correspondence (annual report notices):			
	Sarah Trued, 3762 W. Vanderbilt Drive, Meridian, Idaho 83646			
	(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:			
	MEDICINE			
			Secretary of State use only	
7.	Signature of a manager, member	r, or an organizer.		
Printed Name: Brian L. Webb, authorized agent		ithorized agent	IDAHO SECRETARY OF STATE	
Q.I		<del>-</del>	06/15/2018 05:00 CK:19264418 CT:172099 BH:1649248	
Signature:			1@ 100.00 = 100.00 PROF LLC #2	
Pri	inted Name:		16 20.00 = 20.00 EXPEDITE C #3	
		-		