State of Idaho

Office of the Secretary of State

CERTIFICATE OF REGISTRATION

OF

COMMUNITY MENTAL HEALTH SERVICES INC.

File Number C 208056

I, LAWERENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: December 14, 2015



SECRETARY OF STATE



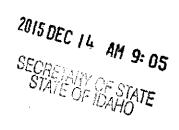
Rev. 08/2015

FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

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

Complete and submit the form in <u>duplicate</u>.



1.	The name of the entity is: Community Mental Health Services INC.	
2.	The name which it shall use in Idaho is: Community Mental Health Services INC.	
_	(Enter a name here, only if you are required to adopt an alternate name)	
3.	Select the type of entity you wish to register: Business Corporation General Partnership	
	☐ Nonprofit Corporation ☐ General Cooperative Association	
	☐ Limited Liability Partnership ☐ Limited Partnership (Including a limited liability limited partnership	
	☐ Limited Liability Company ☐ Statutory Trust, Business Trust, or Common-law Business Trust	
	Other: (Use "Other" only if your foreign entity type is <u>not</u> listed above, and enter the type here.)	
4.	Jurisdiction of formation: Wyoming (Provide the domestic jurisdiction where the entity was formed)	
5.	The address of its principal office is:	
	720 E Lander Pocatello, Id, 83201	
	(Street Address)	
	(Mailing Address, if different)	
6.	The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:	
	720 E Lander Pocatello, ID, 83201	
	(Street Address)	
	(Mailing Address, if different)	
7.	The mailing address to which correspondence should be addressed, if different from item 5, is:	
٠.	720 E Lander Pocatello, ID, 83201	
	(Address)	
8.	Name and street address of registered agent in Idaho: Steed Martin	
Ο.	Name and street address of registered agent in idano: Steed Martin 720 E Lander Pocatello, ID, 83201	
	(Name) (Address)	
_		
9.	The name, capacity, and mailing address of at least one governor:	
	Steed Martin DIr 720 E Lander Pocatello, ID, 83201	
	(Name) (Capacity) (Address)	
	(Name) (Capacity) (Address)	
	(Name) (Capacity) (Address)	-
	IDANO SECRETARY OF STATE	
	Typed Name: Steed Martin CK: 5642 CT: 295952 BH: 1504041 CK: 5642 CT: 295952 BH: 1504041 CK: 5642 CT: 295952 BH: 1504041	
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	Capacity: Director	

STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Community Mental Health Services Inc.

is a Profit Corporation

formed or qualified under the laws of Wyoming did on **April 30, 2009**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2009-000569155**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 9th day of December, 2015 at 1:03 PM. This certificate is assigned 019044326.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.