



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 FEB 26 AM 10: 26

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Mental Health Solutions LLC

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

3060 S Rookery Ln Boise ID 83706

(Street Address)

(Mailing Address, if different than street address)

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

David M Woodland

(Name)

3060 S Rookery Ln Boise, ID 83706

(Street Address)

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

Name

Address

Satu H. Woodland

3060 S Rookery Ln, Boise, ID 83706

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

3060 S Rookery Ln, Boise, ID 83706

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

Signature of a manager, member or authorized person.

Signature Satu H. Woodland

Typed Name: Satu H. Woodland

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE

02/26/2015 05:00

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