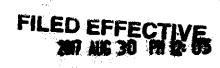


CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code Filing fee: \$100 typed, \$120 not typed

Complete and submit the application in duplicate.



SECRETARY OF STATE STATE OF IDAHO

1.	The name of the limited liability company is:		
	COMPASS MENTAL HEALTH LLC (Remember to include the words "Limited Liability Company," "Limited Company," or the abtraviations L.L.C., LLC, or LC)		
2.	The complete street and mailing addresses of the principal office is: 958 E VESTIGE DR, MERIDIAN, IDAHO 83646		
	(Street Address)		
	(Mailing Address, if different)		
3.	The name of the registered agent and the street address of the registered agent:		
	LEGALINC CORPORATE SERVICES INC.	800 W. MAIN ST, , SUITE 1460, BOISE ID 83702	
	(Name)	(Address cannot be a post office box or postal mail box.)	
4.	The name and address of at least one governor of the limited liability company:		
	AMY OLSEN	958 E VESTIGE DR, MERIDIAN, IDAHO 83646	
	(Name)	(Address)	
	(Name)	(Address)	
	(Name)	(Address)	
	(Name)	(Address)	
5.	Mailing address for future correspondence (annual report notices):		
	800 W. MAIN ST, , , SUITE 1460, BOISE ID 83702		
	(Address)		
Siar	nature of organizer(s).		
_	nature: Marshe Siha		Secretary of State use only
	ted Name: MARSHA SIHA	· · · · · · · · · · · · · · · · · · ·	1DAHO SECRETARY OF STATE 08/30/2017 05:00

CK:14506028 CT:172099 BH:1600593 16 100.00 = 100.00 ORGAN LLC #2

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Rev. 11/2015

Signature:

Printed Name: -