

APPLICATION FOR REGISTRATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

DEC 24

FILED
2 02 PM '97



SECRETARY OF STATE
STATE OF IDAHO

The undersigned partnership hereby applies for registration as a Limited Liability Partnership, and submits the following information pursuant to section 53-343A, I.C.

1. The name of the partnership is BPA Behavioral Health, LLP

2. It's principal office is located at 1501 Tyrell Lane, Boise, ID 83706

3. It's registered office in Idaho is located at 1501 Tyrell Lane, Boise, ID 83706

D. Whitman Jones, and the name of the registered agent at that address is 1501 Tyrell Lane, Boise, Id 83706

4. The partnership is organized in the state of Idaho

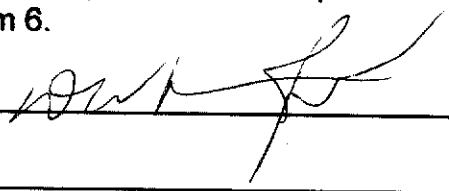
5. The nature of it's business is Service

6. The name(s) and address(es) of at least one partner:

<u>Name</u>	<u>Address</u>
<u>D. Whitman Jones</u>	<u>2901 Springsbrook Dr., Boise, ID</u> <u>83706</u>
_____	_____
_____	_____

7. Other matters (optional):

8. Signature(s) of at least one partner listed in item 6.



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IDAHO SECRETARY OF STATE ONLY

12/24/1997 09:00
CK: 8500 CT: 91653 BH: 66897

1 @ 100.00 = 100.00 ORGAN LLP

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