



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed).

For Office Use Only

-FILED-

File #: 0006175096

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1. The name of the limited liability company is:

SP Behavioral Solutions, LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:

3914 Summer Sun, Idaho Falls, ID 83404

(Street Address)

(Mailing Address, if different)

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

Shaylene Peninger

3914 Summer Sun, Idaho Falls, ID 83404

(Name)

(Address)

4. The name and address of at least one governor of the limited liability company:

Shaylene Peninger

3914 Summer Sun, Idaho Falls, ID 83404

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

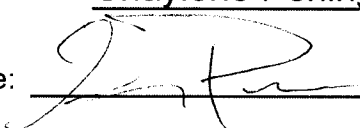
5. Mailing address for future correspondence (annual report notices):

3914 Summer Sun, Idaho Falls, ID 83404

(Mailing Address)

Signature of organizer(s).

Printed Name: **Shaylene Peninger**

Signature: 

Printed Name: _____

Signature: _____

Secretary of State use only

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