APPLICATION FOR CERTIFICATE FILED EFFECTIVE OF AUTHORITY FOR FOREIGN LIMITED LIABILITY COMPANY

09 APR 17 AM 9:49

SEGNETARY OF STATE STATE OF TOAHO

(Instructions on back of application)

1. The name of the limited liability company is:	
, , ,	
Psychiatric Services of North Iowa, PLC	
2. If the name of the limited liability company is not permiss name the foreign limited liability company will use in Idah	
Psychiatric Services of North Iowa, PLLC	
3. The jurisdiction under whose laws the limited liability cor	npany is formed is: <u>lowa</u>
4. The name and complete street address of the registered	l agent in Idaho is:
Ronald M. Larsen 1401 West Villa	a Norte, Boise, ID 83702
5. The street and mailing address of the limited liability con	npany's principal office is:
1401 West Villa Norte, Boise, ID 83702 Street Address	
Mailing Address, if different	
6. The street and mailing address of the limited liability con under whose laws it is organized is:	npany's office in the jurisdiction
11 Founds Charact NE Morion City Th E0401	
11 Fourth Street NE, Mason City, IA 50401	
Street Address P.O. Box 1467, Mason City, IA 50401	
Street Address P.O. Box 1467, Mason City, IA 50401 Mailing Address, if different	or manager
P.O. Box 1467, Mason City, IA 50401 Mailing Address, if different 7. The name and mailing address of at least one member of	•
P.O. Box 1467, Mason City, IA 50401 Mailing Address, if different 7. The name and mailing address of at least one member of	or manager: Norte, Boise, ID 83702
P.O. Box 1467, Mason City, IA 50401 Mailing Address, if different 7. The name and mailing address of at least one member of Ronald M. Larsen 1401 West Villa	•
Street Address P.O. Box 1467, Mason City, IA 50401 Mailing Address, if different 7. The name and mailing address of at least one member of Ronald M. Larsen 1401 West Villa 8. The mailing address for future correspondence:	•
Street Address P.O. Box 1467, Mason City, IA 50401 Mailing Address, if different 7. The name and mailing address of at least one member of Ronald M. Larsen 1401 West Villa 8. The mailing address for future correspondence: Ronald M. Larsen 1401 West Vil	Norte, Boise, ID 83702
Street Address P.O. Box 1467, Mason City, IA 50401 Mailing Address, if different 7. The name and mailing address of at least one member of Ronald M. Larsen 1401 West Villa 8. The mailing address for future correspondence: Ronald M. Larsen 1401 West Vil	Norte, Boise, ID 83702
Street Address P.O. Box 1467, Mason City, IA 50401 Mailing Address, if different 7. The name and mailing address of at least one member of Ronald M. Larsen 1401 West Villa 8. The mailing address for future correspondence: Ronald M. Larsen 1401 West Vil	Norte, Boise, ID 83702
Street Address P.O. Box 1467, Mason City, IA 50401 Mailing Address, if different 7. The name and mailing address of at least one member of Ronald M. Larsen 1401 West Villa 8. The mailing address for future correspondence: Ronald M. Larsen 1401 West Villa 9. Signature of an authorized person:	Norte, Boise, ID 83702

IOWA SECRETARY OF STAT MICHAEL A. MAURO



Date: 04/13/2009

CERTIFICATE OF EXISTENCE

Name: PSYCHIATRIC SERVICES OF NORTH IOWA, PLC (490DLC - 351853)

Date of Organization: 9/19/2007

Duration: PERPETUAL

I, MICHAEL A. MAURO, Secretary of State of the State of Iowa, custodian of the records of limited liability companies, certify that the limited liability company named on this certificate was duly organized under the laws of Iowa on the date printed above, that all fees required by the Iowa Limited Liability Company Act have been paid, and that articles of dissolution have not been filed.

Certificate ID: CS27467

To validate this certificate please visit the following web site and enter the certificate ID.

www.sos.state.ia.us/ValidateCertificate