



CERTIFICATE OF ORGANIZATION PROFESSIONAL LIMITED LIABILITY COMPANY

08 AUG 25 AM 9:20 SECRETARY OF STATE STATE OF IDAHO

(Instructions on back of application)

1. The name of the professional limited liability company is:

Boise Forensic Psychiatry, PLLC

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

3775 North Eagle Road, Boise, Idaho 83713

(Street Address)

(Mailing Address, if different than street address)

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

Scott Eliason

3775 North Eagle Road, Boise, Idaho 83713

(Name)

(Street Address)

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

Name

Address

Scott Eliason

3775 North Eagle Road, Boise, Idaho 83713

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

3775 North Eagle Road, Boise, Idaho 83713

6. Future effective date of filing (optional):

7. The limited liability company is a professional company, and the principal profession or professions for which members are duly licensed or otherwise legally authorized to render professional services is: medicine

Signature of an organizer(s). (An organizer is a member, or is acting in behalf of a required, and existing, initial member or members).

Signature

[Handwritten Signature]

Typed Name:

James B. Alderman

Signature

Typed Name:

Secretary of State use only

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