



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 JAN -6 AM 8:29

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Seasons of Hope Mental Health Center, LLC

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

4650 Hawthorne Rd. STE 3B Chubbuck ID. 83202
(Street Address)

same
(Mailing Address, if different than street address)

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

Heath Sommer
(Name)

703 Bonanza Ave. Chubbuck ID. 83202
(Street Address)

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

Heath Sommer
Name

703 Bonanza Ave. Chubbuck ID. 83202
Address

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

4650 Hawthorne Rd. STE 3B Chubbuck ID. 83202

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature: [Handwritten Signature]
Typed Name: HEATH SOMMER

Signature _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
01/06/2011 05:00
CK: 1410 CT: 247442 BH: 1254872
1 @ 100.00 = 100.00 ORGAN LLC # 2