



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

10 JUL 21 AM 8:51

1. The name of the limited liability company is:

Sullivan Mental Health Services, LLC

SECRETARY OF STATE
STATE OF IDAHO

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

3785 Colts Glen Lane, Idaho Falls, Idaho 83404

(Street Address)

(Mailing Address, if different than street address)

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

Elaine Sullivan

(Name)

3785 Colts Glen Lane, Idaho Falls, Idaho 83404

(Street Address)

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

Name**Address**

Elaine Sullivan

3785 Colts Glen Lane, Idaho Falls, Idaho 83404

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

3785 Colts Glen Lane, Idaho Falls, Idaho 83404

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature Elaine SullivanTyped Name: Elaine SullivanSignature [Signature]

Typed Name: _____

Secretary of State use only

W 95013

 IDAHO SECRETARY OF STATE
 07/21/2010 05:00
 CK: 9124 CT: 249758 DN: 1231459
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