Filing Fee: \$150.00

7

ID Number: 125353



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION

(To Be Filed In Duplicate)

Pursuant to the provisions of Section 7-16-49 of the General Laws, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

at purpose	submits the following statemen	IC.	1			
. The nam	e of the limited liability company	y is: UC 11543	3 de la Consensa de l			
MAGELLA	N BEHAVIORAL HEALTH SYSTE	MS, LLC ()				
The nam	he name, if different, under which it proposes to register and transact business in Rhode Island is:					
N/A						
The limit	The limited liability company is organized under the laws of UTAH					
The date	The date of its organization is DECEMBER 31, 2001					
The perio	The period of duration of the limited liability company is (if perpetual, so state) PERPETUAL					
	ess of the limited liability compa			<u> </u>		
	170 Westminster Street, S	Suite 900	Providence	, RI	02903	
	(Street Address, not P.O. Box	x)	(City/Town)	····	(Zip Code)	
and the r	name of the resident agent at su	uch address is	Corporation Se	rvice Comp	any	
			(Name of A	gent)		
diligence		sident agent cannot bi	e found or served follow	ing the exer	cise of reasonable	
liability co	ne address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited ibility company is organized is:					
6950 CO	LUMBIA GATEWAY DRIVE, COLU	UMBIA MD 21046				
6950 CO	COMBIA GATEWAY DRIVE, COLU	UMBIA MD 21046				
	ng address for the limited liabili					
	ng address for the limited liabili					
The maili	ng address for the limited liabili					
The maili	ng address for the limited liabili	ity company is:		FI	_ED	
The maili	ng address for the limited liabili	ity company is:				
The maili	ng address for the limited liabili ABOVE	ity company is:		JUN	1 8 2002	
The maili	ng address for the limited liabili ABOVE	ity company is:				

•	
>	
10. The limited liability company is to be man	raged by:
<u></u>	(Check one box only)
∡ its members	or by one (1) or more managers
11. If the limited liability company has managed each manager:	gers at the time of filing this application, please list the name and address of
<u>Manager</u>	Address
	
	
 This application is accompanied by a cer authorized officer of the jurisdiction under 	tificate of good standing duly authenticated by the secretary of state or other which the foreign limited liability company was organized.
	Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.
Date: MAY 6, 2002	MAGELLAN BEHAVIORAL HEALTH SYSTEMS, LLC Print Exact Name of Limited Liability Company Making Application
	By Megan M. Authorized person



6950 Columbia Gateway Drive Columbia, MD 21046 410/953-1000 tel 410/953-5200 fax

June 5, 2002

Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903

Re: Magellan Behavioral Health Systems, LLC.

Dear Sir/Madam:

This letter is to inform you that Magellan Behavioral Health, Inc., a Delaware corporation, qualified to do business in Rhode Island hereby consents to the use of the name "Magellan Behavioral Health Systems, LLC" by this entity submitting its Certificate of Authority in Rhode Island.

Sincerely,

Magellan Behavioral Health, Inc.

mesanm arkey

By: Megan M. Arthur

Title: Executive Vice President

& Secretary



Utah Department of Commerce

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849 Toll Free: (877) 526-3994 Utah Residents

Fax: (801) 530-6438
Web site: http://www.commerce.state.ut.us

05/28/2002 636259-016005282002-219959

CERTIFICATE OF EXISTENCE

Registration Number:

636259-0160

Business Name:

MAGELLAN BEHAVIORAL HEALTH SYSTEMS, LLC

Registered Date:

7/16/1973

Entity Type:

LLC - Domestic

Current Status:

Good Standing

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah.



Kathy Berg

Kathy Berg

Director

Division of Corporations and Commercial Code