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**APPLICATION FOR CERTIFICATE OF AUTHORITY OF A FOREIGN CORPORATION**

State Form 38784 (R9/12-02) Corporate Form 112

Approved By State Board Of Accounts, 1995 Indiana Secretary of State

Packet: 2009111700496

Filing Date: 11/17/2009

Effective Date: 11/17/2009

TODD ROKITA  
SECRETARY OF STATE  
CORPORATIONS DIVISION  
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Indianapolis, IN 46204  
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Indiana Code 23-1-49-1 et seq.  
23-1-49-3

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Filing Fee: \$90.00

**NOTES:**

1. An Original Certificate of Existence duly authenticated by the proper authority from corporation's domiciliary state within the last sixty (60) days must be submitted with this application.
2. A Registered Agent with an Indiana street address (not a PO BOX) must be listed in ARTICLE III.

**INSTRUCTIONS:**

- Use 8 1/2" x 11" white paper for attachments.
- Present original and one copy to address in the upper right corner of this form.
- Please TYPE or PRINT.
- Please visit our office on the web at [www.sos.in.gov](http://www.sos.in.gov).

APPROVED AND FILED  
TODD ROKITA  
INDIANA SECRETARY OF STATE

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APPLICATION FOR CERTIFICATE OF AUTHORITY  
OF  
*Liberty Behavioral Health Corporation*  
A FOREIGN CORPORATION  
TO TRANSACT BUSINESS IN THE STATE OF INDIANA

The undersigned officer of the above corporation which was formed as:

A general business corporation       A professional corporation

desiring to effectuate the admittance of the Corporation to transact business in the State of Indiana, certifies the following facts:

| ARTICLE I: Name   |                        |   |
|---|------------------------|---|
| Name of Corporation ( Must be identical to name shown in Articles of Incorporation and Amendments thereto)                            |                        |   |
| <i>Liberty Behavioral Health Corporation</i>  |                        |   |
| ARTICLE II: Address of Corporation  |                        |   |
| Address of the principal office of corporation (Number and street, city, state and ZIP code)  |                        |   |
| <i>401 E. City Ave, Ste 820, Bala Cynwyd, PA 19004</i>  |                        |   |
| ARTICLE III: Registered Office and Registered Agent   |                        |   |
| Name of the Registered Agent of the corporation (can not be the corporation itself)   |                        |   |
| <i>CT Corporation System</i>  |                        |   |
| Indiana address of the registered office of corporation (Number and street, city; P.O. Box not accepted)                              |                        | INDIANA    ZIP code                               |
| <i>251 E. Ohio St., Ste 1100, Indianapolis</i>  |                        | <i>46204</i>                                      |
| ARTICLE IV: Date and State of Incorporation and Duration of Existence   |                        |   |
| Date of incorporation in domiciliary state:   | State of incorporation |   |
| <i>3-23-98</i>  | <i>Pennsylvania</i>    |   |
| Expected period of duration listed in the Articles of Incorporation (perpetual, term of years or date certain e.g. December 31, 2050) |                        |   |
| <i>perpetual</i>  |                        |   |
| ARTICLE V: Corporate Officers   |                        |   |
| The names and business addresses of the officers of the Corporation:  |                        |   |
| Name  | Title                  | Address (Number, street, city state and ZIP code) |
| <i>Herbert T. Cooney, M.D.</i>  | <i>President</i>       | <i>401 E. City Ave, Ste. 820</i>                  |
|   | <i>Secretary +</i>     | <i>Bala Cynwyd, PA 19004</i>                      |
|   | <i>Treasurer</i>       |   |
|   |                        |   |
|   |                        |   |

**ARTICLE VI: Board of Directors**

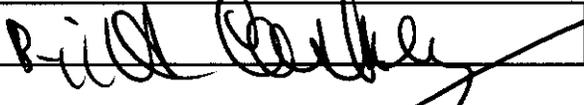
The names and business addresses of the Board of Directors of the Corporation are as follows:

| Name                  | Address (Number, street, city, state and ZIP code) |
|-----------------------|--|
| Herbert T. Caskey, MD | 401 E. City Ave, Ste 820                           |
| Sole member of the    | Bala Cynwyd, PA 19004                              |
| Board of Directors    |  |
|                       |  |
|                       |  |
|                       |  |

In witness whereof, the undersigned being the President of said Corporation executes this  
(Title: officer or Chairman of Board)

Application For Certificate Of Authority, and verifies subject to penalties of perjury, that the facts contained herein are true this

10th day of Nov., 2009.

|   |  |
|---|--|
| Signature  | Printed name<br>Herbert T. Caskey, MD. |
|---|--|

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**COMMONWEALTH OF PENNSYLVANIA**

**DEPARTMENT OF STATE**

**NOVEMBER 9, 2009**

**TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:**

**I DO HEREBY CERTIFY THAT,**

**LIBERTY BEHAVIORAL HEALTH CORPORATION**

**is duly incorporated under the laws of the Commonwealth of Pennsylvania and  
remains a subsisting corporation so far as the records of this office show, as of  
the date herein.**



**IN TESTIMONY WHEREOF, I have  
hereunto set my hand and caused  
the Seal of the Secretary's Office to  
be affixed, the day and year above  
written.**

*Pedro A. Cortes*  
Secretary of the Commonwealth

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**State of Indiana  
Office of the Secretary of State**

CERTIFICATE OF AUTHORITY

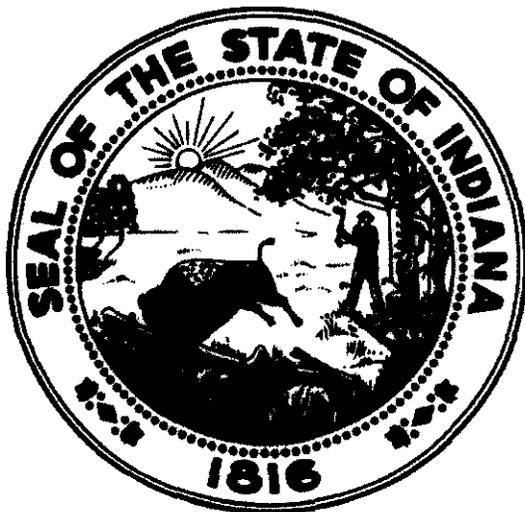
of

**LIBERTY BEHAVIORAL HEALTH CORPORATION**

I, TODD ROKITA, Secretary of State of Indiana, hereby certify that Application for Certificate of Authority of the above Pennsylvania For-Profit Foreign Corporation has been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Corporation Law.

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NOW, THEREFORE, with this document I certify that said transaction will become effective Tuesday, November 17, 2009.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, November 17, 2009.

A handwritten signature in black ink that reads "Todd Rokita".

TODD ROKITA,  
SECRETARY OF STATE

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