



CERTIFICATE OF ORGANIZATION FILED EFFECTIVE LIMITED LIABILITY COMPANY

12 MAR -5 PM 12:08

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

River Valley Hypnotherapy LLC

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

1916 N 23rd St, Boise ID 83702
(Street Address)

(Mailing Address, if different than street address)

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

Jessica Hixson 1916 N 23rd St Boise ID 83702
(Name) (Street Address)

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

Name	Address
<u>Jessica Hixson</u>	<u>1916 N 23rd St Boise ID 83702</u>
_____	_____
_____	_____
_____	_____

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

1916 N 23rd St, Boise, ID 83702

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

Signature of a manager, member or authorized person.

Signature: [Handwritten Signature]
Typed Name: Jessica Hixson

Signature: _____
Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
03/05/2012 05:00
CK: 1850 CT: 267726 BH: 1313498
1 @ 100.00 = 100.00 ORGAN LLC # 2

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