FILED EFFECTIVE

251

ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY

(Instructions on back of application)

2006 DEC -7 AM 10:08
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

   Absolute Solutions Clinical Hypnotherapy L.L.C.

2. The street address of the initial registered office is:

   5133 EZY St.

   and the name of the initial registered agent at the above address is:

   Eileen Bieber

3. The mailing address for future correspondence is:

   Eileen Bieber 5133 EZY St. Cd'A., ID 83815

4. Management of the limited liability company will be vested in:

   Manager(s) X or Member(s) ☐ (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name	Address
Eileen Bieber	5133 EZY St. Cd'A, ID 83815

6. Signature of at least one person responsible for forming the limited liability company:

   Signature: Eileen Bieber
   Typed Name Eileen Bieber
   Capacity Owner/operator

   Signature _____
   Typed Name: _____
   Capacity: _____

Secretary of State use only

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Revised 07/2002

IDAHO SECRETARY OF STATE
12/07/2006 05:00
CK: 2465 CT: 207233 BH: 1818078
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