



**CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY**

(Instructions on back of application)

**FILED EFFECTIVE
2015 FEB -2 AM 9:46**

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Pain Patterns Solutions Seminars, LLC

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

2060 East 25th Street, Idaho Falls, Idaho 83404

(Street Address)

(Mailing Address, if different than street address)

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

Chris S Hayes

(Name)

890 Oxford Drive, Idaho Falls, Idaho 83401

(Street Address)

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

Name

Address

Amy Radford

4477 East 150 North, Rigby, Idaho 83442

Christina Christensen

4470 Juniper Avenue, Raxburg, Idaho 83440

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

c/o Hayes Management Services, Inc. 890 Oxford Drive, Idaho Falls, Idaho 83401

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

Signature of a manager, member or authorized person.

Signature 

Typed Name: Amy Radford

Signature 

Typed Name: Christina Christensen

Secretary of State use only

IDAHO SECRETARY OF STATE

02/02/2015 05:00

CK: 3797 CT: 305892 BH: 1459843
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