



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2015 APR -1 AM 8:51
FILED EFFECTIVE

1. The name of the limited liability company is:

Coeur d'Alene Hypnosis, LLC

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

3436 5th Street, Lewiston, ID 83501

(Street Address)

(Mailing Address, if different than street address)

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

Carolyn Holland

(Name)

3436 5th Street, Lewiston, ID 83501

(Street Address)

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

Name

Address

Carolyn Holland

3436 5th Street, Lewiston, ID 83501

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

3436 5th Street, Lewiston, ID 83501

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Carolyn Holland

Typed Name: Carolyn Holland

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE

04/01/2015 05:00

CK:1258 CT:308419 BH:1468921

1@ 100.00 = 100.00 ORGAN LLC #2

W149892