



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 DEC 13 AM 10:12

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Boise NLP and Hypnosis LLC

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

1416 W Washington st. Boise, ID 83702

(Street Address)

(Mailing Address, if different than street address)

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

Victoria Nolan

(Name)

1416 W Washington st. Boise, ID 83702

(Street Address)

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

**Name**

**Address**

Victoria Nolan

1416 W Washington st. Boise ID 83702

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

1416 W Washington st. Boise, ID 83702

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Victoria Nolan

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE  
12/13/2011 05:00  
CK: 1149 CT: 264936 DH: 1301459  
1 @ 100.00 = 100.00 ORGAN LLC # 2

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