



# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

11 DEC -8 AM 9:02

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Life Change Solutions Hypnosis LLC

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

152 E. Main St, Jerome, ID 83338

(Street Address)

P.O. Box 581, Jerome, ID 83338

(Mailing Address, if different than street address)

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

Patricia M. Borresen

(Name)

1354 Olympic Dr Jerome,

(Street Address)

ID 83338

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

Name

Address

Andrew B. Borresen

220 S. Duylter, Boise, ID

83705

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

P.O. Box 581, Jerome, ID 83338

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Patricia M. Borresen

Signature \_\_\_\_\_  
Typed Name: Patricia M. Borresen

Signature \_\_\_\_\_  
Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
12/08/2011 05:00  
CK: 11215 CT: 73489 BH: 1300816  
1 @ 100.00 = 100.00 ORGAN LLC # 2  
1 @ 20.00 = 20.00 EXPEDITE C # 3