



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

Title 30, Chapters 21 and 25, Idaho Code
Filing fee: \$100 typed, \$120 not typed

2016 APR 18 AM 9:29

Complete and submit the application in duplicate.

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:
Teton Valley Hypnotherapy, LLC

(Remember to include the words "Limited Liability Company," "Limited Company," or the abbreviations L.L.C., LLC, or LC)

2. The complete street and mailing addresses of the principal office is:
5587 Treyden Dr. Idaho Falls, Idaho 83406

(Street Address)

(Mailing Address, if different)

3. The name of the registered agent and street address of the registered agent:
Tyson Raymond 528 Park Ave., Idaho Falls, ID 83402

(Name)

(Address cannot be a post office box or postal mail box)

4. The name and address of at least one governor of the limited liability company:
Alisha Raymond 5587 Treyden Dr. Idaho Falls, ID 83406

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

5. Mailing address for future correspondence (annual report notices):
428 Park Ave., Idaho Falls, ID 83402

(Address)

Signature of organizer(s).

Signature: Tyson N. Raymond

Printed Name: Tyson N. Raymond

Signature: _____

Printed Name: _____

Secretary of State use only
 IDAHO SECRETARY OF STATE
 04/18/2016 05:00
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