

No. W 56925		Due no later than Dec 31, 2011		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		EILEEN BIEBER 5133 EZY ST COEUR D'ALENE ID 83815	
		1. Mailing Address: Correct in this box if needed. ABSOLUTE SOLUTIONS CLINICAL HYPNOTHERAPY L.L.C. EILEEN BIEBER 5133 EZY ST COEUR D ALENE ID 83815 USA		3. <u>New</u> Registered Agent Signature: *	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MANAGER	EILEEN BIEBER	5133 EZY ST	COEUR D'ALENE	ID	USA 83815
5. Organized Under the Laws of: ID W 56925		6. Annual Report must be signed.* Signature: Eileen Bieber Name (type or print): Eileen Bieber Date: 12/04/2011 Title: Owner/operator			
Processed 12/04/2011		* Electronically provided signatures are accepted as original signatures.			