No. W 149892		Due no later than Apr 30, 2017 Annual Report Form			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		1. Mailing Address: Correct in this box if needed. COEUR D' ALENE HYPNOSIS, LLC CAROLYN HOLLAND 3254 W KATHY LOOP 124 COEUR D'ALENE ID 83815			CAROLYN HOLLAND 3254 W. KATHY LOOP COEUR D'ALENE ID 83815 3. New Registered Agent Signature:*				
RECEIVED BY DUE DATE		USA							
200		mes and Addresse	s of at least one Member or Manager.						
Office Held Na	ame		Street or PO Address	Ci	ity	State	Country	Postal Code	
MANAGER CA	CAROLYN HOLLAND		3254 W. KATHY LOOP APT 124	C	DEUR D'LOOP	ID	USA	83815	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID		Signature: Carolyn Holland				Date: 02/28/2017			
W 149892		Name (type or print): Carolyn Holland				Title: manager			
* Electronically provided signatures are accepted as original signatures.									