No. W 111705		Due no later than Mar 31, 2013 Annual Report Form 1. Mailing Address: Correct in this box if needed. RIVER VALLEY HYPNOTHERAPY LLC JESSICA HIXSON 1916 N 23RD ST BOISE ID 83702		2	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080					JESSICA HIXSON 1916 N 23RD ST BOISE ID 83702 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		imes and Addresses of	at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER JESSICA HIXSON		XSON	1916 N 23RD		BOISE	ID	USA	83702
5. Organized Under the Laws of: ID W 111705		6. Annual Report must be signed.* Signature: Jessica Hixson Name (type or print): Jessica Hixson			Date: 02/13/2013 Title: Member			
Processed 02/13/2013 * Electronically provided signatures are accepted as original signatures.								