No. <b>W 140087</b>		Due no later than Jul 31, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		MAUREEN DUKE			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	HYPNOSHAPE, MAUREEN RHE 10747 W HAZE	1. Mailing Address: Correct in this box if needed. HYPNOSHAPE, LLC. MAUREEN RHEA DUKE 10747 W HAZELWOOD DR STAR ID 83669 USA		10747 W HAZELWOOD DR STAR ID 83669-8366 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Limited Liability Companies: Er	nter Names and Addresses	s of at least one Member or Manager.					
Office Held Name	2	Street or PO Address	City	State	Country	Postal Code	
MANAGER MAUREEN RHEA DUKE		10747 W. HAZELWOOD DR.	STAR	ID	USA	83669	
5. Organized Under the Laws of	6. Annual Report	6. Annual Report must be signed.*					
ID	Signature: Ma	Signature: Maureen Duke		Date: 05/20/2015			
W 140087	Name (type or	Name (type or print): Maureen Duke		Title: Owner			
Processed 05/20/2015	* Electronically pr	* Electronically provided signatures are accepted as original signatures.					