

No. <b>W 56925</b>	<b>Due no later than 12/31/2009 Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>		EILEEN BIEBER 5133 EZY ST COEUR D'ALENE ID 83815
	ABSOLUTE SOLUTIONS CLINICAL HYPNOTHERAPY L.L.C. EILEEN BIEBER 5133 EZY ST COEUR D ALENE ID 83815		
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 Zip
<i>Hypnotherapist</i>	<i>Eileen Bieber</i>	<i>5133 EZY St.</i>	<i>Coeur d'Alene ID 83815</i>
5. Organized Under the Laws of:  <b>ID W 56925</b>		6. Annual Report must be signed Signature: <i>Eileen Bieber</i> Date: <i>10-23-09</i> Name (type or print): <i>Eileen Bieber</i> Title: <i>Owner</i>	