

No. W 56925

Due no later than December 31, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

ABSOLUTE SOLUTIONS CLINICAL HYPNOTH
EILEEN BIEBER
5133 EZY ST
COEUR D ALENE, ID 83815

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5133 EZY ST
COEUR D ALENE, ID 83815

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

Office held

Name

Street or P.O. Address

City

State

Zip

Hypnotherapist

5133 EZY ST

CD/A

ID

83815

Eileen Bieber

5. Organized Under the Laws of:

IDAHO

W 56925

6.

Signature

Name

(Typed or
Printed)

Eileen Bieber

Title

Cure