No. **W 56925**	**Due no later than Dec 31, 2010** **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 RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** ABSOLUTE SOLUTIONS CLINICAL HYPNOTHERAPY L.L.C. EILEEN BIEBER 5133 EZY ST COEUR D ALENE ID 83815 USA	EILEEN BIEBER 5133 EZY ST COEUR D'ALENE ID 83815 3. New 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	Country	Postal Code
MANAGER	EILEEN M BIEBER	5133 EZY ST	COEUR D'ALENE	ID	USA	83815

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 56925**	Signature: Eileen Bieber	Date: 10/13/2010
	Name (type or print): Eileen Bieber	Title: Owner

Processed 10/13/2010

* Electronically provided signatures are accepted as original signatures.