

No. W 72706		Due no later than Mar 31, 2017		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. OLSEN CHIROPRACTIC CLINIC, PLLC NATHAN E OLSEN 2058 E FRANKLIN RD. 110 MERIDIAN ID 83642 USA		NATHAN OLSEN 4909 N CHIMNEY PEAK AVE MERIDIAN ID 83646			
				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	Country	Postal Code	
MEMBER	NATHAN E OLSEN	4909 N CHIMNEY PEAK AVE.	MERIDIAN	ID	USA	83646	
MEMBER	HEIDI L OLSEN	4909 N CHIMNEY PEAK AVE.	MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of: ID W 72706		6. Annual Report must be signed.* Signature: Nathan Olsen Name (type or print): Nathan Olsen					
		Date: 01/24/2017 Title: Owner					
Processed 01/24/2017		* Electronically provided signatures are accepted as original signatures.					