

No. <b>C 111129</b>		<b>Due no later than Jun 30, 2011</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON 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>  LILJENQUIST CHIROPRACTIC, P.A. CODY LILJENQUIST 1700 OVERLAND AVE BURLEY ID 83318		CODY LILJENQUIST 1700 OVERLAND AVE BURLEY ID 83318			
				3. <u>New</u> Registered Agent Signature: *			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	CODY S LILJENQUIST	530 E 200 S	BURLEY	ID	USA	83318	
SECRETARY	CODY S LILJENQUIST	530 E 200 S	BURLEY	ID	USA	83318	
DIRECTOR	CODY S LILJENQUIST	530 E 200 S	BURLEY	ID	USA	83318	
5. Organized Under the Laws of:  <b>ID C 111129</b>		6. Annual Report must be signed.* Signature: Cody S Liljenquist Name (type or print): Cody S Liljenquist Date: 07/18/2011 Title: Owner/ President					
Processed 07/18/2011		* Electronically provided signatures are accepted as original signatures.					