

No. C 111129		Due no later than Jun 30, 2011 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		1. Mailing Address: Correct in this box if needed. LILJENQUIST CHIROPRACTIC, P.A. CODY LILJENQUIST 1700 OVERLAND AVE BURLEY ID 83318		CODY LILJENQUIST 1700 OVERLAND AVE BURLEY ID 83318			
NO FILING FEE IF RECEIVED BY DUE DATE				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: ID C 111129		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.							