

No. **W 30615**

Due no later than May 31, 2006

Annual Report Form

2. Registered Agent and Office **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 applicable

NIELSON FAMILY CHIROPRACTIC, L.L.C.

~~1153 IMPERIAL ST~~ 260 Falls Ave., Ste B
TWIN FALLS, ID 83301

CHAD JAY NIELSON

~~1153 IMPERIAL ST~~~~TWIN FALLS, ID 83301~~260 Falls Ave.
Ste. B
Twin Falls, ID
83301**NO FILING FEE IF
RECEIVED BY DUE DATE**3. New Registered Agent Signature

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

Office heldNameStreet or P.O. AddressCityStateZip

Owner

Chad Nielson, D.C. 260 Falls Ave. Ste. B

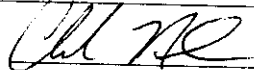
Twin Falls, ID 83301

5. Organized Under the Laws of:

IDAHO
W 30615

6.

Signature



Date

3-6-06

Name

(Typed or
Printed)

Chad Nielson

D.C.

Title

Owner

Issued 03/01/2006

Do Not Tape or Staple

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